

# Health Workforce Council

2024 Annual Report

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## Health Workforce Council Membership

The Health Workforce Council (Council) is composed of leaders representing a range of healthcare stakeholders, including education and training institutions, healthcare organizations, community health services, labor and professional associations, state agencies, and employer representatives. The Council has the flexibility to add members from additional sectors or organizations as needed. The Council is chaired by Dr. Suzanne Allen, Vice Dean of Academic, Rural, and Regional Affairs at the University of Washington School of Medicine. The Vice-Chair is Dr. Suzy Ames, President of Peninsula College. The Council is staffed by the Workforce Training and Education Coordinating Board (Workforce Board).

### 2024 Health Workforce Council Members

Council Member	Organization
<b>Suzanne Allen, Chair</b>	Vice Dean for Academic, Regional & Rural Affairs, University of Washington School of Medicine
<b>Suzanne Ames, Vice-Chair</b>	President, Peninsula College
<b>Renee Fullerton</b>	Council Staff Coordinator
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<b>Katerina LaMarche</b>	Washington State Hospital Association
<b>Russell Maier</b>	Washington State Medical Association
<b>Jo Quetsch</b>	Washington State Nurses Association
<b>Inez Olive</b>	Washington Student Achievement Council
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## Executive Summary

As Washington approaches the five-year anniversary of the start of the Public Health Emergency, the healthcare workforce has made strides towards recovery in some areas but remains fragile. To combat workforce challenges, healthcare employers are taking on more training via registered apprenticeships and other on-the-job training that create career pathways for individuals who must work while pursuing education. While increased training opportunities are a positive development, worker retention remains a persistent challenge because of working conditions, administrative burden, and, for some professions, wages. As the health sector is interconnected, staffing challenges in one area or facility can have cascading impacts on other facilities and providers, as well as patients not receiving timely care and experiencing worse health outcomes.

In 2024, the Health Workforce Council continued its work studying and addressing topics affecting healthcare workers, employers, and the education system with a specific emphasis on challenges in rural communities. This report contains updates on Council meetings during the year, analyses of high-demand occupations, educational completions and licensure trends, recommendations in key areas, as well as information about new and ongoing projects.

### 2024 Progress

The Council gained a greater understanding of current employer needs in rural areas as part of further developing one of the Council's strategic priority areas: generating rural-specific health workforce strategies that account for unique needs in those communities and supporting the adoption of those strategies.

**Overarching Rural Workforce Goal:** The Council will develop and advocate for policy recommendations that enable rural students and workers to access and succeed in health professional training programs and career advancement opportunities without having to leave their communities.

In listening sessions and interviews with rural healthcare employers and workers multiple themes emerged that were used in the development of an overarching rural workforce goal that will help guide more specific policy development in 2025. See page 31 for more detail.

**Employer theme 1:** Rural health workforce needs remain severe.

**Employer theme 2:** Access to traditional postsecondary education varies between rural communities, but challenges appear to be widespread.

**Employer theme 3:** Out of necessity, rural employers have taken on their own workforce development.

**Employer theme 4:** The leaders of rural employers recognize that leadership and organizational culture matter significantly to their ability to recruit and retain their workforce.

**Employer theme 5:** The basic needs of employees are a tremendous challenge to recruiting and retaining in Washington’s rural communities.

**Employer theme 6:** Employers report state and federal regulations, processes, and payment systems contribute to their challenges.

**Worker Theme 1:** Experiencing a culture of mentorship in schools, their communities, and at workplaces supports worker success.

**Worker Theme 2:** Students often need a range of different types of support and assistance to succeed.

**Worker Theme 3:** Having a sense of belonging at their educational institutions and healthcare workplaces is important for workers to persist.

### **Employer Demand Data**

Twice a year, employers participating in Washington’s Health Workforce Sentinel Network, a project of the Council, answer questions about their workforce needs, including occupations with exceptionally long vacancies. This report includes the most recent information from participating employers. Areas of interest this year include that employers are increasingly creating their own training programs or are implementing models based on apprenticeships and mentorships to “grow their own” employees.

Staffing gaps have caused difficulties across multiple healthcare settings, including long wait times for appointments, reduced availability of some services, and inability of some practices to accept new patients/clients. In a continuation of a theme first noticed two years ago, employers continue to report employees’ difficulty accessing child care, housing, and transportation as factors affecting their ability to hire and retain workers. These issues can be especially challenging in rural settings.

Given the wide range of professions for which employers report difficulty recruiting, and particularly for entry level roles, it is important to recognize the cumulative impacts of decreases in available healthcare professionals across many different occupations. As entry level roles go unfilled, essential tasks completed by these workers must still be done, typically by professionals with higher level licensure, further contributing to fatigue for those workers and attrition.

### **Recommendations to Policymakers**

In addition to the Council’s focused work on rural topics this year, the Council updated and affirmed their support for recommendations from 2022 and 2023 focused on educational debt burden and community resource needs for the healthcare workforce

that were not acted on or only partially acted on by policymakers in 2024. Policymakers are urged to act in 2025 on the following Council recommendations:

## **Community Resources: Child Care, Housing, and Transportation**

*Updated and Reissued in 2024*

**Recommendation 1:** The Council recommends that policymakers continue to take action to address the need for dramatically increased access to affordable child care, housing, and transportation services in Washington. The Council affirms that access to high-quality, reliable child care, affordable housing, and transportation are key community resources for the current and future healthcare workforce. Having access to these resources in their communities allows the state’s healthcare workers to accept and maintain employment. Additionally, child care, housing, and transportation are vital to developing future workforce efforts. Students and educators in the health professions are also highly impacted by lack of access to these community resources.

The Council also encourages healthcare employers to consider innovative approaches to help support their workers’ needs for these community resources.

### **Why Addressing Access to Child Care, Housing, and Transportation Matters:**

Healthcare employers, particularly in rural communities, often face exacerbated recruitment and retention challenges due to factors outside their immediate control. In 2024, the Council heard strongly from rural employers via the Sentinel Network and at multiple listening sessions that the availability and affordability of child care, housing, and transportation continues to affect their ability to hire and retain workers. The Council also heard directly from healthcare workers about how limited access to transportation and ad hoc child care arrangements made it harder to succeed in their education. While employers and the education system are innovating to train Washington’s future healthcare workers, this will remain a challenge until community resources become more widely available.

## **Educational Debt**

*Issued in 2024*

**Recommendation 2:** The Council recommends policymakers maintain current funding to support both behavioral health and other health professional loan repayment awards through the Washington Health Corps to address immediate retention challenges within a variety of healthcare settings.

*Updated and Reissued in 2024*

**Recommendation 3:** As part of supporting the investments made in loan repayment programs in Washington, the Council affirms its commitment to evaluation of the Washington Health Corps programs’ outcomes. The Council recommends policymakers make dedicated funds available to the Washington Student Achievement Council

(WSAC) to complete the evaluation of the Washington Health Corps programs currently underway.

**Updated and Reissued in 2024**

**Recommendation 4:** The Council recommends policymakers require eligible healthcare employers provide Public Service Loan Forgiveness (PSLF) educational materials and information about the Office of the Student Loan Advocate when hiring new employees, annually, and at the time of employee separation. The Office of the Student Loan Advocate should conduct outreach to eligible healthcare and behavioral health employers and assess if additional staff members are warranted to serve demand.

Complementary to its own PSLF recommendations, the Council affirms support for Recommendations 1 and 4a included in the "[Public Service Loan Forgiveness Statewide Initiative Plan – Report to the Legislature](#)" issued by the Office of Financial Management and WSAC.

**Why Addressing Educational Debt Matters:** Many healthcare workers struggle under the burden of education costs and student loan debt, which are disproportionately shouldered by students from racial and ethnic groups underrepresented in healthcare professions. Because of high educational costs, particularly at the graduate level, some students from disadvantaged backgrounds may be forgoing healthcare careers entirely. The high cost of entering many health professions hinders the Council's long-term goal of having a health workforce that represents the population it serves.

The Council made a recommendation in 2022 and 2023 to increase funding for the Washington Health Corps (WHC), and funding was increased in the 2023-2025 biennium. However, the number of WHC applicants continues to outstrip available funds for awards. Given that the 2025-2027 budget process will involve hard decisions about funding priorities, the Council recommends policymakers maintain the current level of WHC investment alongside other policies targeting educational debt. While WHC will not be able to support all applicants, maintaining current funding levels will continue providing educational debt relief to a significant number of healthcare and behavioral health professionals.

In 2022 and 2023 the Council recommended that Washington undertake an evaluation of the outcomes of public investments in WHC programs. Despite specific funds not being appropriated for this purpose, WSAC identified resources to support a one-year project that includes some examination of WHC. However, the time-limited nature of this project (currently scheduled to end June 30, 2025) will not allow for the evaluation of all elements of interest to the Council. With the project in progress, the Council finds it important to continue this work as understanding HWC functioning and outcomes is key to investing public dollars wisely. The Council recommends policymakers make



dedicated funds available to the Washington Student Achievement Council to complete the current evaluation of Washington Health Corps programs.

Washington also must expand strategies to address the prevalence and high levels of educational debt as the national college affordability crisis cannot be fixed with state loan repayment programs alone.

During 2024, Council staff participated in the Public Service Loan Forgiveness (PSLF) Statewide Initiative Committee convened by the Office of Financial Management and Office of the Student Loan Advocate to help develop a plan to support Washington student loan borrowers pursuing PSLF in accordance with [RCW 43.41.425](#). Two recommendations included in the OFM PSLF report align with previous Council recommendations regarding increasing the usage of PSLF by healthcare and behavioral health workers as part of reducing the workforce's educational debt burden.

### **Other Projects**

During 2024, Council staff assisted the Department of Health (DOH) in the implementation of SSHB 1724 (2023), a bill with the goal of reducing barriers to entry for the licensed behavioral health workforce. DOH made preliminary recommendations to policymakers in November 2023 and followed up with a final report in November 2024. The Council supported DOH by leveraging the Sentinel Network to gather information from behavioral health facilities about their experiences. A primary focus in 2024 was exploring social work licensure exam testing disparities in Washington and working to develop a recommendation for an alternative pathway for licensure that does not require the exam.

The Workforce Board's Long-Term Care Initiative, a 2021 Council recommendation that was supported by the Governor and Legislature in the 2022 Session, continued its work in 2024 with a wide range of activities including: continued work on and support of the Licensed Practical Nurse Registered Apprenticeship Program pilot, convening a large network of long-term care stakeholders, and beginning work on a marketing campaign promoting nursing careers in long-term care for rural communities.

## Health Workforce Council History and Role

Twenty-three years ago, the state's Workforce Board gathered a group of healthcare stakeholders to address growing concerns about personnel shortages in Washington's healthcare industry. Governor Gary Locke directed the Workforce Board to create the Healthcare Personnel Shortage Task Force (Task Force). The Task Force developed a statewide strategic plan to address severe personnel shortages in the healthcare industry. In 2003, the Task Force released an action plan to tackle the growing gap between the number of trained healthcare professionals and the needs of Washington residents. The report, *Healthcare Personnel Shortages: Crisis or Opportunity*, was presented to the Governor and Legislature.

In 2003, the Legislature passed Engrossed Substitute House Bill 1852, directing the Workforce Board to continue gathering stakeholders to address healthcare workforce shortages. The intention of the plan was to provide a framework to help ensure a sufficient supply of trained personnel, with an emphasis on increasing diversity to better reflect the demographics of Washington's residents, along with efforts to ensure access to care. The bill also required an annual report to the Governor and Legislature, including updated recommendations to address healthcare occupations facing the most acute workforce shortages. In 2014, Task Force members voted to change their name to the Health Workforce Council to better reflect a new focus on the overall health of Washingtonians instead of just healthcare delivery.

## Health Workforce Council Provided Staff Funding

In 2019, the Workforce Board received funding from the Legislature to staff the Council. The Workforce Board also received ongoing funding to support the Health Workforce Sentinel Network (see page 20). This allowed the Council to take a greater role in connecting the educational community to on-the-ground workforce needs and to more fully explore a wide range of health workforce issues. In 2024, the Workforce Board identified a need to request a funding increase in order to maintain the statutory work required of the Council (see page 17).

## Council's Roles Remain Critical

The Council's main roles continue to be: serving as a convening group for cross-profession and facility discussions about the workforce; providing updates to policymakers on the number of qualified healthcare personnel (by education program) graduating from the state's education and training programs; providing occupation-specific licensing data, where available; providing insight on the workforce needs of healthcare providers; and tracking the progress of policy solutions. By bringing together a wide range of stakeholders to develop and advocate for sustainable solutions, the Council can identify key policy and funding priorities for the Governor, Legislature, and other policymakers and stakeholders.

## Health Workforce Council Year-in-Review

Council members held four meetings in 2024 to hear workforce updates, discuss topics of interest, and identify and continue work on the strategic priority areas identified in 2023.

The March, September, and November meetings were held virtually with meetings broadcast for the public on TVW. In June, the Council held two related meetings in Yakima. On June 26, Yakima Valley College hosted Council members, educators, workforce development partners, and policymakers to listen to the experiences and challenges of south-central Washington healthcare employers. On June 27, Pacific Northwest University of Health Sciences hosted the Council for an all-day in person meeting focused on supporting students and workers underrepresented in the area's health workforce. Agendas, meeting materials, and links to the recordings [can be found here](#).

### March 28, 2024: DOH Credentialing Timelines, FAFSA Issues, Nurse Preceptors

At the March meeting of the Council, key discussions revolved around several state efforts supporting the health workforce. Council member Shawna Fox, Director of the Office of Health Professions at the Department of Health (DOH), walked attendees through ongoing work to **improve health professional credentialing timelines** for applicants.

The time required for DOH to issue credentials has been an ongoing concern for healthcare stakeholders over the past several years, particularly the time required to issue credentials for several behavioral health and long-term care professions. The agency's presentation detailed how they are reorganizing staff and processes to reduce the number of pending applications. Ms. Fox committed to updating the group on progress in a future Council meeting.

Becky Thompson, Director of Student Financial Assistance for the Washington Student Achievement Council, updated the Council about **challenges with the 2024-2025 Free Application for Federal Student Aid (FAFSA)** process. Ms. Thompson started with a brief overview of FAFSA. This federal process is how students access both federal and state aid in Washington and throughout the nation, including the Washington College Grant. Ms. Thompson said historically Washington has a low rate of FAFSA completion. For the 2024-2025 cycle, the application had significant changes. The overhaul was intended to simplify applying for financial aid; however, it caused challenges, including a delay opening the application process. Instead of opening as usual in October, the FAFSA was delayed into December 2023, and when it rolled out, there were technical issues. Ms. Thompson asked everyone to spread the word that FAFSA is up and running

and to start applying. As of October 7, 2024, 50% of the class of 2024 had completed a FAFSA, compared to 52% of the class of 2023<sup>1</sup>.

Victoria Hayward, Nursing Consultant with the Washington State Board of Nursing (WABON), presented on the [Washington Student Nurse Preceptor Grant Program](#). The preceptor grant was created by the Legislature. The program was funded \$3 million per fiscal year of the 2023-2025 biennium to provide grants to nurses who precept nursing students in healthcare settings. Ms. Hayward outlined how the program was formed, the communication outreach program that was completed, and the eligibility criteria for preceptors. From Fall 2022 to Fall 2023, the total number of participating preceptors was 2,046. Grants varied between \$725 to \$1,000, depending on the quarter. Dr. Kim Tucker, Director of Nursing Programs at Columbia Basin College, reported on direct feedback from preceptors, noting the impact from this grant was a terrific support for community nurses. The funds incentivize nurse preceptors for the work they do in serving their college's students.

The Council also heard updates from the University of Washington Center for Health Workforce Studies (CHWS) about Health Workforce Sentinel Network findings and from Workforce Board staff about the Long-Term Care Initiative.

### **June 26-27, 2024: Employer Listening Session and In-Person Meeting**

On June 26, Council members Dan Ferguson, Director of the Allied Health Center for Excellence, and Dr. Russell Maier, Associate Dean for Graduate Medical Education at Pacific Northwest University of Health Sciences, worked with Council and Workforce Board staff to host an **employer listening session in Yakima**. Engaging directly with those doing the work enables the Council to better understand the breadth of current workforce challenges and seek out tailored policy ideas to address specific needs.

The listening session began with presentations from researchers to ground the workforce conversation in data about the greater south-central Washington population and insights from participating employer representatives.

Dr. Patrick Jones, Executive Director of the Institute of Public Policy and Economic Analysis at Eastern Washington University, presented about **community and workforce trends for Yakima County**. This included highlighting that Yakima is currently a very young county with a significantly larger share of youth than Washington as a whole. Yakima is also a majority minority county; in 2022, about 53% of the population identified as Hispanic/Latine. Overall, 61% of the population are people of color vs. 37% for Washington as a whole. More than 75% of the county's youth are children of color. The 2023 total number of workers available in the county was still lower than the 2019 peak. The workforce participation rate has also dropped but remains slightly above the

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<sup>1</sup> Washington Student Achievement Council. (2024) [FAFSA Completion for High School Seniors](#).

Washington average. The majority of healthcare workers in the county are now people of color, which is a change from a majority white workforce before the pandemic.

Christopher Dula, Senior Researcher for the Workforce Board, presented about **the labor force for Kittitas, Yakima, and Klickitat counties**, identifying healthcare and social assistance as a key industry for the area, with the largest concentration of workers in Yakima. Wages for many health professions are above the median annual wages for the area, though wages for many entry level roles that don't require postsecondary education are below the median. Postsecondary attainment is a growth opportunity for those aged 20-35 in the county, with many individuals having attained a high school diploma or some college but not associate or bachelor's degrees.

Ben Stubbs, Director of the Health Workforce Sentinel Network, presented **employer workforce findings specific to the Greater Health Now Accountable Community of Health**, which includes Yakima among nine counties and the Yakama Nation. This presentation on the current understanding of employer needs led into a facilitated discussion with the employers present who were able to provide much greater depth and context for this information.

Attendees represented a range of employer types including large and small hospitals, outpatient clinics, behavioral health agencies, community health centers, and a specialty care center. The common themes across the conversations included:

- Traveling/contract healthcare workers are still the main supplement for many roles, and employers can't compete with the wages paid by travel companies;
- Access to traditional postsecondary education varies greatly with location, but all employers reported challenges;
- Employers are already working to "grow their own" future workforces, but capacity to do the work varies greatly from place to place and profession to profession;
- Basic needs are a tremendous challenge, and child care is greatly needed in many areas along with housing.

On June 27, the **Council met at PNWU to discuss the themes from the listening session the day before, learn about efforts to support the success of the diverse young people in the area, and hear about the experiences of recent graduates.**

Before the main content of the agenda, the Council staff provided an overview of operations of the Council and that the Workforce Board has identified the need to request a maintenance funding increase to support stable staffing. This request will be submitted to the Office of Financial Management in September.

A facilitated panel of educators focused on what efforts were showing success serving students in the greater south-central Washington area, which includes many rural

communities with first generation students, English language learners, and students from low-income family backgrounds.

Korina Padilla is a career and technical education (CTE) teacher with Granger School District and the advisor for several HOSA chapters in the lower valley. **HOSA is a CTE student organization geared towards students who want to go into the health sector.** The club focuses on providing practical skills, networking, leadership, and communication skills to middle and high school students. Students are able to participate in annual state and national leadership conferences and competitions focused on different healthcare roles. For many students in Granger, this can be their first time traveling to another part of the state or taking a plane trip out of state.

Steven Mock is with the postsecondary math supports program at Yakima Valley College. Yakima Valley College's math department **identified that the typical remediation process for students who came in needing extra math supports was acting as a barrier to student retention. They worked to change their process to enable students to reach their needed skill level more quickly.** Students are now supported in a corequisite model. For example, nursing students must take a statistics class, so students who score lower on placement tests start at basic algebra. Once they have completed that, the students take statistics and complementary math class that teaches ideas that are then applied in the statistics class. This shortens the amount of time it takes to complete prerequisites. Following the changes in the math remediation process, the success of students from underrepresented backgrounds has increased by 70%.

Cheri Podruzny, director of Yakima Valley College's dental hygiene program, spoke about her **competitive admission program's success at recruiting and retaining Latine students** from the area. YVC is designated as a Hispanic-Serving Institution with 65% of students in the 2023-2024 school year identifying as Hispanic/Latine<sup>2</sup>. The dental hygiene program graduates are awarded a bachelor's of applied science degree. Since 2019 more than 50% of each class have been students of color. Ms. Podruzny identified a range of actions that helped increase enrollment and retention of students from underrepresented backgrounds in the dental hygiene profession including:

- Outreach to high schools to provide presentations about dental hygiene – current students serve as ambassadors
- YVC has mandatory advising for students enrolled in 15 or fewer credits to help them finding their path
- Pathway advising – advisors from multiple disciplines work together with students

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<sup>2</sup> Yakima Valley College. (2024) [Hispanic-Serving Institution](#).

- Holistic selection process for competitive admissions to dental hygiene program
- Program orientation that includes teambuilding once students enroll.

Dr. Mirna Ramos-Díaz, chief diversity officer for PNWU, discussed the health sciences university's innovative Roots to Wings co-mentorship program. **Roots to Wings started in 2013 and brings together future healthcare providers and grade 6-12 students of Yakima County that collaborate to explore healthcare careers.** Students are able to participate in labs like chemistry and EMG, simulations such as patient care and birth simulations, and explore what it is like to work as a doctor, physical therapist, occupational therapist, nurse, dentist, and more. Because of the co-mentoring model, both graduate and 6<sup>th</sup>-12<sup>th</sup> grade students act as mentors to each other. The participating graduate students from PNWU learn from the high school students about their communities and lives.

Dr. Ramos-Díaz said her recent experience is that students are tired of Zoom and want hands-on activities and one-to-one interactions with others. The relationships between the co-mentors are a key part of the curriculum of Roots to Wings. The program brings back alumni who have gone to other colleges to talk to current students about what it's like to leave and about their experiences returning home. Dr. Ramos-Díaz said many students have a crowded and at times chaotic home environment that can make online learning incredibly challenging. Students may have traumatic experiences from poverty or substance use in the family. Education can be a pathway for these students to have positive experiences, and educators can pay direct attention to the students in ways they may not frequently experience.

Following the educator panel the meeting transitioned to **focus on the experiences of recent health professional graduates.** Five panel members from Hispanic/Latine and Native American communities shared about their educational and work experiences. The group, which included Mattie Tomeo-Palmanteer, BSW, Stephanie Aguilar, LMHC, Graciela Ortiz, MSW, Shanice Santa-Olivo, PhD, and Mayra Correa Barada, PsyD, had completed a variety of behavioral health pathways and highlighted several key factors that supported them as they pursued their goals.

**Mentorship was incredibly important across educational, community, and employer environments.** All panelists highlighted key experiences that guided them to college resources and careers. The support of mentors helped them keep going and overcome obstacles. However, not all traditional mentor relationships were supportive or helpful during challenging times. One panelist expressed that her peers in her program were at times better supports than her faculty.

All five panelists were first generation college students and needed a range of assistance to access college and continue in their postsecondary education. For the two students

who had gone to high school in Yakima, the College Success Foundation provided key help with demystifying the college application process. Postsecondary student support programs, such as CAMP, TRIO, and MESA, were also lifelines that helped with gaps in the students' educational backgrounds and comfort on campus. Transportation was a key barrier as those without cars had to rely on public transportation, which could be unreliable and lead to attendance challenges and difficulty getting to clinical training experiences. All five panelists pieced together formal and informal resources to work around these obstacles. As an example, all worked while they were in school. While working full time helped with financial challenges of pursuing higher education, work also added to the incredible load the panelists carried.

The importance of a feeling of "belonging" was threaded through all the discussions during the panel. Panelists had to learn how to navigate educational and employer cultures that were different from their own communities, and it took a high degree of effort to adjust to these different cultures. They expressed that mentors, faculty, and peers with shared backgrounds offered a bridge but were not common in their experiences. Colleagues at their healthcare workplaces were a key support when they encouraged panelists in entry level roles to further their education and remain engaged in healthcare.

The last section of the meeting featured a **presentation from three Accountable Communities of Health (ACHs) regarding a behavioral health workforce pilot project** funded by ESSHB 1504 (2021). [ESSHB 1504](#) supported the Behavioral Health Workforce Pilot Program and Training Grants Program. However, this presentation was focused on the pilot program. The purpose of the pilot was to provide incentive pay for individuals serving as clinical supervisors within community behavioral health agencies, state hospitals, and facilities operated by the Department of Social and Health Services.

The three participating ACHs were Southwest ACH, Thriving Together NCW, and Greater Health Now. Representatives from each ACH presented about project implementation within their respective areas, what was successful, and what lessons were learned. The biggest advantage cited by each ACH was the flexible nature of the funding. There was a great deal of freedom in how the funding could be expended so long as it aligned with the goal of supporting a behavioral health workforce pipeline and supervision. Sites were able to pick mechanisms that best fit their needs, which included raises, bonuses, financial assistance for tuition, certification fees, application fees, etc. All ACHs noted that funding was only available during the two years of the budget and that awarding and contracting timelines lead to shorter windows of 16-18 months to actively test the pilot projects. They agreed that this program demonstrated how flexible funding to support employer's behavioral health workforce development can have a positive impact, but that funding needs to be structured as ongoing support rather than as a time-limited program.



### **September 19, 2024: Council and Sentinel Network Request, Rural Discussion**

At the September meeting, Renee Fullerton, Council Staff, and Ben Stubbs, Director of Washington's Health Workforce Sentinel Network, presented about the Workforce Board funding request to support the Council and a revamp of the Sentinel Network.

Ms. Fullerton described how policymakers have increased their attention on healthcare and behavioral health workforce policy since 2020. Responding to the requests has increased the staff time required to coordinate and support policy research and development for this important workforce sector. The current appropriation to the Workforce Board to staff the Council, related behavioral health workforce projects, and Sentinel Network is not sufficient to maintain the comprehensive data collection, analysis, and policy work for the healthcare and behavioral health workforces outlined in the Council's statute ([RCW. 28C.18.120](#) and [ESSB 5950](#)).

The Workforce Board requested \$345,000 in FY26 and \$327,000 ongoing beginning in FY27. These funds would support:

- An additional 1.65 FTE for healthcare and behavioral health workforce research and policy development for the state, and
- \$15,000 to support increased annual costs to operate Washington's Health Workforce Sentinel Network.

This will allow for 2.5 FTE total when combined with the ongoing Council appropriation of \$240,000 annually. The current appropriation supports 0.85 FTE.

Mr. Stubbs presented an update about the success of the Sentinel Network from its launch in 2016 to 2024 and planned changes to the data collection tool in 2025. This will include simplifying the questionnaire, focusing on a spring data collection period, and strengthening relationships with the responding employers.

Most of the meeting featured small and large group discussion to determine an overarching strategy to improve rural health workforce development. For more information about the rural health workforce overarching strategy, please see page 31.

### **November 19, 2024: DOH Credentialing Timelines, Washington Health Corps, Behavioral Health Workforce Development**

At the November meeting, the Council heard updates on a range of topics and approved recommendations for inclusion in the 2024 report to the Governor and Legislature. Council Staff provided an update that the Workforce Board's request for additional support was selected as a support item in the annual recommendations made by the Health Care Authority's Children and Youth Behavioral Health Work Group.

Following up on the initial presentation at the March meeting, council member Harold Wright, Jr., Interim Director of the Office of Health Professions for DOH, along with his

staff, updated attendees about the ongoing work to improve health professional credentialing timelines for applicants.

The agency's presentation detailed progress since March in the effort to reorganize staff and processes to reduce how long the agency takes to issue credentials. Improvements in staffing and credentialing processes are making headway in reducing the amount of time applicants are waiting. Some of the largest gains should occur when the next part of the new Healthcare Enforcement and Licensing Management System (HELMS) launches in late February 2025. Work is still in progress, and the agency has requested to keep their current staffing for another year via a funding request to the Governor.

The educational debt burden of the health workforce has been a Council focus for years. Sarah Alkurdi, PhD, Assistant Director of the Washington Student Achievement Council's Washington Health Corps (WHC), updated the Council on the most recent program cycle. There were 482 overall applications in 2024, an increase of 113 compared to 2023. In this year's award cycle, 203 applicants were awarded in 30 of Washington's 39 counties before funds were exhausted. Due to a larger amount of funds allocated to the behavioral health account, more than half of those awarded (124) worked in behavioral health. The Nurse Educator program was able to award almost all applicants (29 of 31 submitted applications). The forensic pathologist program had no applicants.

Dr. Alkurdi gave an overview of a new behavioral health conditional scholarship that will accept applicants in Spring 2025. First year graduate students in master's level social work, counseling, and marriage and family therapy programs will be eligible to apply. The scholarship will provide up to \$51,000 distributed over a two- or three-year master's degree program. Following graduation, the recipients will have a service obligation of 1.5 years of service per year of award. WSAC is also partnering with HCA to provide a scholarship intended to increase enrollments and completions in substance use disorder training programs at community and technical colleges. That scholarship will cover tuition, fees, textbooks, and support services.

WSAC has begun an internal evaluation of the Washington Health Corps program. This was a Council recommendation in 2022 and 2023. In 2024, the Council affirms the importance of this work and requests dedicated funds be provided to allow for a complete evaluation (see page 39).

Following the educational debt presentation, the Council heard a presentation from the Health Care Authority about Washington's [Start Your Path](#) behavioral health workforce marketing campaign. Start Your Path began in 2021 with a goal of increasing awareness and interest in behavioral health careers to help grow the pool of diverse behavioral health professionals in the state. The campaign is currently in its fourth phase, which features partnerships with online influencers, online and out-of-home advertisements,

and in person events where people can learn about behavioral health career paths and how to take next steps to work in behavioral health.

The campaign has included qualitative and quantitative research to inform development and, in the future, to check for impact. Before the campaign launched, there were six focus groups, eight in-depth interviews with professionals familiar with requirements and hiring for behavioral health careers, as well as a survey of 600 Washington residents who are currently in the workforce, both in English and Spanish. The survey found that over half of survey participants had considered a career in behavioral health. Of those who had considered this career pathway, most thought that they would need to return to school to change careers. The top motivations for those who expressed interest in the career pathway were a desire to help people, interest in mental health or the brain, and feeling that one's personal experiences can help others

The research team identified several key issues from the qualitative and quantitative data and made several suggestions to inform state strategy. While those surveyed were asked specifically about behavioral health careers, survey takeaways and identified issues may also be generalizable to other healthcare pathways.

**Issue 1: Fear of burnout and caregiver fatigue is a top potential barrier to considering a behavioral health career.**

**Opportunity:** Share resources that support mental health to prevent burnout. Highlight testimonials with real behavioral health professionals about how they maintain mental health to prevent burnout.

**Issue 2: The Washington workforce thinks enrolling in education is the next step they'd need to take to enter the behavioral health field, but the cost of credentials or education is a primary concern.**

**Opportunity:** Increase awareness of roles that don't require as much credentialing or education. Emphasize the additional support available from employers or educational institutions where possible.

**Issue 3: The Washington workforce wants to see assurance of a good starting salary and higher wages for professionals.**

**Opportunity:** Where wage increases are not feasible, employers should lean into promoting the benefits and resources that behavioral health careers provide, especially those related to employee wellness, flexible work environments, and benefits for parents or caregivers.

The November meeting concluded with Council members discussing the recommendations for inclusion in the 2024 report to policymakers and plans for meetings in 2025.

## Council Spotlight: Washington’s Health Workforce Sentinel Network

Washington’s Health Workforce Sentinel Network links the state’s healthcare industry with partners in education and training, policymakers, and other workforce planners to identify and respond to demand changes in the health workforce. The qualitative information captured by the Sentinel Network illustrates the “why” behind changes in occupations, roles, and skills needed to deliver quality care. Created as part of the state’s Healthier Washington Initiative in 2016, with ongoing funding provided by the Washington State Legislature in 2019, the Sentinel Network is a collaboration between the Council, Workforce Board, and UW Center for Health Workforce Studies (CHWS).

Employer respondents (or “sentinels”) from across the state and from a wide range of healthcare sectors share their top workforce challenges. This information is used to identify signals of changes in health workforce demand and potential solutions to recruitment and retention barriers. The data are compiled and made available on the Sentinel Network website and disseminated through meetings and reports so that employer needs are communicated and planners can respond appropriately.

This past year, once in October 2023 and again in April 2024, healthcare employers shared their experiences and suggested solutions to workforce challenges. The frequency of data collection from employers allows educators, regulators, policymakers, and other key healthcare stakeholders to better understand the healthcare environment and tailor their workforce solutions to meet the needs of diverse sectors and areas of the state.

### Employers’ Common Workforce Experiences

Below are some of the top issues raised by employers from behavioral health clinics, dental offices, K-12 schools, nursing homes and skilled nursing facilities, primary care settings, and small hospitals during the past year. See the [Sentinel Network’s dashboards](#) for findings from additional settings and time periods.

- Employers are increasingly reporting that they are creating their own training programs or are implementing models based on apprenticeships and mentorships to “grow their own” employees.
- Lower wage occupations, such as nursing assistants, medical assistants, and dental assistants, are reported to be difficult to hire and retain due to wage competition and, in some cases, switching to a field other than healthcare.
- While the overall use of contract/travel workers has decreased since the height of the COVID-19 pandemic, many Washington healthcare employers continue to use this important tool to fill staffing needs.
- Staffing gaps have caused difficulties across multiple healthcare settings, including long wait times for appointments, reduced availability of some services, and inability of some practices to accept new patients/clients.

- Employers continue to report employees' difficulty accessing child care, housing, and transportation as factors that affect their ability to hire and retain workers. These issues can be especially challenging in rural settings.
- Respondents from some facility types report that staffing issues are starting to improve – more than 40% of respondents from small hospitals, skilled nursing facilities, public health organizations, and home health agencies reported improved ability to staff their facilities during the Spring 2024 data collection round. In contrast, fewer than 25% of respondents from assisted living facilities, behavioral health organizations, primary care organizations, dental clinics, and K – 12 schools reported an improvement, indicating that these facility types may be experiencing greater staffing challenges as of Spring 2024.

## Long-Term Care:

### Nursing Homes/Skilled Nursing Facilities and Assisted Living Facilities

The figures below highlight the occupations that employers from long-term care facilities identify as having exceptionally long vacancies. In nursing homes and skilled nursing facilities (SNFs), registered nurses and nursing assistants have been consistently cited in the top two occupations experiencing exceptionally long vacancies since the Sentinel Network began in 2016 (*Figure 1 below*) In assisted living facilities, nursing assistants have been the most consistently cited as experiencing exceptionally long vacancies (*Figure 2 below*).

In Fall 2023 and Spring 2024, respondents from long-term care facilities cited not enough qualified applicants for open positions as the main reason for exceptionally long vacancies. For nursing positions, respondents reported not being able to compete with high salaries offered by travel and contract agencies or hospitals.

*[Registered nurse] "We have been getting very [few] applicants for this position. Some of the applicants and interviews we have had have wanted extremely high salaries."*

– Fall 2023, Nursing home/SNF

*[Nursing assistant] "Lower than average wages; no incentives (sign-on bonus); poor recruitment plan; job postings are only on websites that cater to professionals, management, People don't know we are here! I have seen postings on Google from 2019 that say we are going to close! The source was a local neighborhood paper."*

– Fall 2023, Assisted living facility

*[Cook/Food Services] "Minimum wage going up and they can find better pay at fast food or places they can make tips. Increased people working from home."*

– Fall 2023, Assisted living facility

*[Registered nurse] "Unable to attract RNs to apply for long standing openings or unwillingness to work weekends or alternative shifts."*

– Spring 2024, Nursing home/SNF

**Figure 1. Nursing Homes and Skilled Nursing Facilities, Occupations with exceptionally long vacancies**

Top occupations with exceptionally long vacancies*							
Rank	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023	Fall 2023	Spring 2024
1	Registered nurse	Registered nurse	Registered nurse	Nursing assistant	Registered nurse	Registered nurse	Registered nurse
2	Nursing assistant	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse	Licensed practical nurse
		Nursing assistant		Registered nurse	Nursing assistant		Nursing assistant
3	Licensed practical nurse	Occupational therapist	Nursing assistant	Cook / Food services	Cook / Food services	Nursing assistant	Cook / Food services
		Physical therapist					Environmental services
4	Occupational therapist	Speech-language therapist	Cook / Food services	Dietitian / Nutritionist	Environmental services	Occupational therapist	No additional occupations reported
	Physical therapist						
	Social worker				Occupational therapy assistant		
	Speech-language therapist				Physical therapist		

← Most cited

\*Findings prior to Spring 2021 not shown due to space constraints. Occupations cited by the same number of responses share the same rank number.

**Figure 2. Assisted Living Facilities, Occupations with exceptionally long vacancies**

Top occupations cited as having exceptionally long vacancies*							
Rank	Fall 2020	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023	Fall 2023
1	Nursing assistant	Nursing assistant	Nursing assistant	Nursing assistant	Licensed practical nurse	Nursing assistant	Nursing assistant
					Registered nurse		
2	Licensed practical nurse	Licensed practical nurse	Registered nurse	Cook / Food services	Nursing assistant	Cook / Food services	Cook / Food services
						Home health aide or home care aide	
3	Registered nurse	Registered nurse	Home health aide or home care aide	Home health aide or home care aide	Cook / Food services	Environmental services	Home health aide or home care aide
		Personal care aide					Licensed practical nurse
4	Home health aide or home care aide	Cook / Food services	Licensed practical nurse	Registered nurse	Home health aide or home care aide	Multiple occupations cited at the same frequency	Environmental Services
		Home health aide or home care aide					Registered nurse
5	Personal care aide	n/a	Personal care aide	Environmental services	Environmental services	Multiple occupations cited at the same frequency	Multiple occupations cited at the same frequency
	Cook / Food services						
	Housekeeping						

← Most cited

\*Findings prior to Fall 2020 not shown due to space constraints. Occupations cited by the same number of responses share the same rank number.

## Employer Comments Regarding Retention of Long-Term Care Staff

Similar to earlier findings, respondents indicated that retention and turnover issues are driven by salary, wage, or benefits issues, such as competing with other employers and temp agencies for wages.

*[Licensed practical nurse] "Assisted living facilities cannot compete with skilled nursing facility wages (where most LPNs work), even though they can offer better hours and working conditions. Solution would be to pay more competitive wages, but the assisted living companies don't want to do this as it cuts into their profits."*

– Fall 2023, Assisted living facility

*[Certified nursing assistant] "Wage wars. Aides will leave for more money even if they are satisfied at work because an extra \$1 or \$2 is very significant for their salaries and every employer that utilizes NACs are hiring."*

– Fall 2023, Assisted living facility

*[Multiple nursing occupations] "Pay rates, new hires collecting sign on bonus and then resigning."*

– Spring 2024, Nursing home/SNF

## Primary Care Workforce

Responses from employers at community health centers, including federally qualified health centers, rural health clinics, and primary care clinics, provided information about the primary care workforce in Washington.

Medical assistants, physicians, and registered nurses were among the occupations reported to be consistently experiencing exceptionally long vacancies by these organizations. More recently, front line staff, such as office staff and schedulers, have been reported to be difficult to hire. Wage competition and the lack of candidates with the specific skills that employers are looking for were cited as reasons for these hiring challenges.

*[Office staff, medical assistants] "We have lost several staff to higher-paying jobs. We have raised our salaries as high as we can financially sustain right now and are offering other non-tangible benefits such as improved work climate and flexible hours."*

– Fall 2023, Rural health clinic

*[RN & LPN] "Staff are burnt out due to increased workload/ expectations, staff are looking for better working conditions."*

– Fall 2023, Primary care clinic

*[Physician/surgeon] "[There is] increasing demand for primary care, driven by a growing and aging population. Incentivizing medical students and residents to choose family medicine through scholarships or loan forgiveness programs can attract more professionals to the field."*

– Fall 2023, Community health center

The majority of respondents indicated that these staffing difficulties have resulted in delays in care from current patients and, in some cases, a reduction in the number of patients that they are able to care for.

*“Our workforce shortage has affected the time it takes to coordinate care for patients, the rate at which we accept new referrals/tasks, and the pace at which we could normally assist them.”*  
 – Fall 2023, Community health center

*“While we are accepting new patients, the first appointment is a number of months out.”*  
 – Fall 2023, Rural health clinic

### Behavioral Health Facilities

Mental health counselors and substance use disorder professionals (SUDPs) have been consistently cited as the top two occupations experiencing exceptionally long vacancies since 2016 (*Figure 3 below*).

**Figure 3. Behavioral Health Facilities - Occupations with exceptionally long vacancies**

Top occupations cited as having exceptionally long vacancies by date of reporting							
Rank	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023	Fall 2023	Spring 2024
1	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor	Mental health counselor
2	Substance use disorder professional	Substance use disorder professional	Substance use disorder professional	SUDP	Substance use disorder professional	Substance use disorder professional	Substance use disorder professional
				Registered nurse			
				Peer counselor			
3	Psychiatrist	Social worker (Mental health/SUDP)	Social worker (Mental health/SUDP)	Social worker (Mental health/SUDP)	Registered nurse	Social worker (Mental health/SUDP)	Counselor – Bachelor’s prepared
	Social worker						
4	Peer counselor	Peer counselor	Marriage & family therapist	Marriage & family therapist	Marriage & family therapist	Marriage & family therapist	Marriage & family therapist
							Office personnel

← Most cited

\*Includes behavioral/mental health clinics, substance use disorder clinics, residential treatment facilities, freestanding evaluation and treatment facilities, designated crisis responder services, mobile crisis outreach teams, and other residential and outpatient behavioral health services. Occupations cited by the same number of responses share the same rank number.

Over the past year, respondents have cited wage competition and scheduling preferences, including a preference for telehealth work, as barriers to retention and recruitment, as well as not enough qualified applicants for open positions.

*[Mental health counselor] “It is difficult to find qualified clinicians to fill these positions. We have received very few applications.”*  
 – Fall 2023, Behavioral/mental health clinic



*[Counselor (Bachelor's-prepared)] "Hard to compete with metropolitan areas on the west side of the state (especially for younger clinicians not from Eastern Washington), lower salaries (especially compared to west side and competition with school districts which pay much higher than we do)."*

– Fall 2023, Behavioral/mental health clinic

*[Mental health counselor] "Therapists are choosing to work in private practice or other places other than community mental health, where the cases are less difficult, and the pay is better. Solution is to find ways that community mental health is more attractive to the workforce. Unfortunately, it doesn't take much to open a private practice (fresh out of school, little experience, etc.). Now, interns are being used in private practice which decreases our workforce further."*

– Spring 2024, Behavioral/mental health clinic

*[SUDP] "Master's level clinicians, SUDPs, and Nurse Practitioners. Difficult to attract to rural area, compete with wages from other areas."*

– Spring 2024, Other out-of-facility behavioral health services

## Dental Clinics

Similar to prior data collection periods, the top two occupations cited with exceptionally long vacancies in dental offices and clinics were dental hygienists and dental assistants, followed by dentists and office personnel (*Figure 4 below*).

Dental office/clinics respondents reported not enough qualified applicants for open positions; issues around salary, wages, and benefits; and other recruitment and retention issues as the main reasons for exceptionally long vacancies. As reported last year, these staffing challenges preceded the COVID-19 pandemic and have continued in the years since. Respondents from Spring 2024 reported that their ability to staff their facilities is worse or has stayed the same over the past six months.

*[Dental hygienist] "We have lost hygienists recently while still needing more and there aren't any applicants."*

– Fall 2023, Dental clinic

*[Dentist] "Shift of dental employees to state employment due to pay/benefits package(s). Stagnant dental benefits and insurance company reimbursements of fees do not allow for cost of living increases commensurate with rate of inflation."*

– Fall 2023, Dental clinic

*[Dental assistant] "Insufficient workforce. Educate high school students of attractiveness of dental assisting as career."*

– Spring 2024, Dental clinic

*[Dental hygienist] "Insufficient workforce. Potential employees are aware of shortage of providers. I had a hygienist who was very well treated and paid in my office move to another office across town to shorten his commute."*

– Spring 2024, Dental clinic

**Figure 4. Dental Offices and Clinics - Occupations with exceptionally long vacancies**

Top occupations with exceptionally long vacancies*							
Rank	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023	Fall 2023	Spring 2024
1	Dental assistant	Dental assistant	Dental hygienist	Dental hygienist	Dental hygienist	Dental assistant	Dental hygienist
	Dental hygienist						
2	Dentist	Dental hygienist	Dental assistant	Dental assistant	Dental assistant	Dental hygienist	Dental assistant
3	Office personnel	Dentist	Office personnel	Office personnel	Office personnel	Dentist	Dentist
	Medicaid navigator						
4	No additional occupations reported	Office personnel	Dentist	Dentist	Dentist	Multiple occupations cited at the same frequency	Office personnel

← Most cited

\*Findings prior to Spring 2021 not shown due to space constraints. Occupations cited by the same number of responses share the same rank number.

### K-12 Schools

Registered nurses were the most common occupation experiencing exceptionally long vacancies cited by K-12 schools (*Figure 5 below*).

Reasons for vacancies reported by schools were centered on lack of qualified applicants and salary, wage, and benefits issues. For nursing occupations in particular, respondents highlighted wage competition with hospital and/or private-sector employers that can offer higher salaries.

Sentinel Network K-12 respondents reported salary, wage, and benefits issues and patient acuity and workload as the most common sources of retention and turnover issues. Respondents from Spring 2024 reported that their ability to staff their facilities is slightly worse or has stayed the same as the previous six months.

*[Licensed practical nurse] "We are looking for 1:1 care nurses for multi handicapped students, we are hearing that the pay offered in schools is drastically below the area's prevailing wage for this licensure. It is not for a lack of applicants."*

- Fall 2023, School district

*[Registered registered] "We are a small school district who can't pay as much as other districts. There seem to be a low amount of people who want to work in a small school setting."*

- Fall 2023, School district

*[Mental health counselor] "Mental Health Counselors are at such a high demand both in schools, medical, and private practice settings. We simply can't find"*

candidates. Families also have a hard time finding mental health counselors to provide services to their kids outside of the school setting.” - Fall 2023, School district

[Registered nurse] “Nursing shortages. There is no applicant pool. School nurses do not make as much, need competitive pay. No one knows about certificated school nurses, in general there aren’t enough nurses. Very little support for new school nurses and terrible recruitment for school nursing.” - Spring 2024, School district

[School psychologist] “No applicants. Have had remote school psychologists for two years now. It’s working, but in person is still more desirable.”

- Spring 2024, Grade K-8 school

**Figure 5. K-12 Schools - Occupations with exceptionally long vacancies**

Top occupations with exceptionally long vacancies*				
Rank	Spring 2019	Spring 2022	Fall 2023	Spring 2024
1	Registered nurse	Registered nurse	Registered nurse	Registered nurse
2	Licensed practical nurse	Licensed practical nurse	School psychologist	Mental health counselor
	School psychologist			Licensed practical nurse
3	Dental hygienist	Occupational therapist	Mental health counselor	School psychologist
	Nurse practitioner			Speech language therapist
	Speech language therapist	School psychologist		
4	No additional occupations reported	Multiple occupations cited at the same frequency	Speech language therapist	Multiple occupations cited at the same frequency

← Most cited

\*Fall 2019 to Fall 2021, Fall 2022, and Spring 2023 findings not shown due to low response numbers. Occupations cited by the same number of responses share the same rank number.

## Small Hospitals

For small hospitals, registered nurses continue to be the top occupation cited as having exceptionally long vacancies – continuing a trend since the Sentinel Network launched in 2016. New for Spring 2024, mental health counselors and social workers were tied for the third most cited occupations having exceptionally long vacancies (*Figure 6 below*).

**Figure 6. Small Hospitals - Occupations with exceptionally long vacancies**

Top occupations with exceptionally long vacancies*							
Rank	Spring 2021	Fall 2021	Spring 2022	Fall 2022	Spring 2023	Fall 2023	Spring 2024
1	Registered nurse	Registered nurse	Registered nurse	Registered nurse	Registered nurse	Registered nurse	Registered nurse
2	Nursing assistant	Medical assistant	Nursing assistant	Cook / Food services	Medical / Clinical lab technologist	Environmental services	Nursing assistant
		Nursing assistant					Physician/ Surgeon
3	Medical assistant	Physician/ Surgeon	Cook / Food services	Nursing assistant	Medical / Clinical lab technician	Multiple occupations cited at same frequency**	Mental health counselor
	Medical / Clinical lab technologist				Nursing assistant		Social worker (Healthcare)

← Most cited

\*Findings prior to Spring 2021 not shown due to space constraints. Spring 2020 not shown due to low response numbers. Occupations cited by the same number of responses share the same rank number.

\*\*Medical assistant, medical/clinical laboratory technologist, nursing assistant, physical therapist, physician/surgeon

Most respondents across Fall and Spring data collection periods report wage competition, difficulty recruiting to rural areas, and not enough qualified applicants for open positions as the main reasons for vacancies.

*[Registered nurse] "We are in a very rural location without many amenities. Housing and child care are big issues for recruiting and retaining RNs."*

– Fall 2023, Small hospital

*[Physician/Surgeon] "Rural area with difficulty in recruiting, lack of educational opportunities for community members to train in this field."*

– Fall 2023, Small hospital

*[Mental Health Counselor] "I believe this has been a challenge due to our location as well as a shortage in the industry. I would love to see an apprenticeship to employment program, more student opportunities, and open to any creative ideas."*

– Spring 2024, Small hospital

Small hospitals indicated that retention and turnover problems are driven by too few applicants, inability to compete with other employers for wages, and worker “burnout.” Respondents from Spring 2024 report their ability to staff their facilities as slightly better than the previous six months.

*[Environmental services] “This position is benchmark which is still high turnover compared to other positions but not unusual.”* – Fall 2023, Small hospital

*[Medical assistant] “Competing with rising wages and increased workload.”* – Fall 2023, Small hospital

*[Registered nurse] “We are struggling a lot lately with staff attrition to higher-paying jobs in urban areas, which are offering large sign-on bonuses we cannot compete with. A newly signed contract will hopefully help.”* – Spring 2024, Small hospital

*[Nursing assistant] “Skilled nursing has been competing at terms we cannot match for our CNAs. We hope to start training some of our own CNAs in the future.”* – Spring 2024, Small hospital

## **Focus on Dissemination and Information Gathering**

Sentinel Network staff continued their efforts to disseminate findings to educators, planners, and healthcare industry professionals throughout the state following the Spring 2024 data collection period. In addition to the dashboards and findings briefs that are updated on the Sentinel Network website after every data collection period, staff presented webinars and attended virtual meetings with groups representing a wide spectrum of the healthcare industry. They conducted a dozen presentations from August to October, presenting findings to the Washington State Health Care Authority, the Children and Youth Behavioral Health Work Group, the Washington Association for Community Health, the Health Industry Leadership Table, the Yakima County Health Care Coalition, and the Washington Allied Health Center of Excellence Deans and Director’s Meeting, among other groups. Additional goals of these meetings were to understand how groups across the state are using Sentinel Network findings and to solicit feedback on potential program improvements, which will inform the continued evolution of the Sentinel Network as it strives to meet the needs of Washington workforce planners.

## **Uses of the Sentinel Network**

The goal of Washington’s Health Workforce Sentinel Network is to help understand employers’ workforce needs and make that information available to planners and policymakers. The Sentinel Network allows participating employers to make their needs known to stakeholders who can help solve workforce problems. Findings from the Sentinel Network have been included in testimony to the Washington State Legislature and in presentations to various Legislative subcommittees, have informed planners to

help formulate health workforce policy, and have amplified employer voices in many other arenas. The Sentinel Network has attracted interest as a unique tool for identifying information on health workforce demand in Washington along with other states and national audiences. Through its sponsorship by the Washington Health Workforce Council, the Sentinel Network continues to be an effective way for healthcare employers from around the state to communicate their needs and guide policy decisions.

## Council Spotlight: Rural Health Workforce

**Overarching Rural Strategy:** The Council will develop and advocate for policy recommendations that enable rural students and workers to access and succeed in health professional training programs and career advancement opportunities without having to leave their communities.

In 2024, the Council staff spent time gaining greater understanding of current employer needs in rural areas as part of further developing one of the Council's strategic priority areas: generating rural-specific health workforce strategies that account for unique needs in those communities and supporting the adoption of those strategies.

The Council's first step was partnering with UW CHWS to identify information submitted by rural employers to the Sentinel Network as part of developing a baseline understanding of rural employers' responses. The Sentinel Network's questionnaire asks respondents to report the rural/urban composition of their service area. In Fall 2023 and Spring 2024, approximately 30% of responding facilities from all regions of the state indicated that they served mostly rural residents of Washington.

Employers at rural-serving organizations reported that it can be difficult to find workers who are interested in working in a rural area. Some employers report that they try to provide incentives to make jobs more attractive to potential candidates.

### Rural Employer Comments Regarding Recruitment of Care Staff

*[Multiple occupations] "Our rural location seems to be the biggest barrier. We are located near [a larger city] which has numerous programs and open positions. Job seekers do not have to commute so far when there are vacancies in competitive areas like [the larger city]."*

– Fall 2023, Behavioral/mental health clinic

*[Medical/clinical laboratory technologist] "Our area lacks housing, public transportation, and daycare services. There are also limited job opportunities for spouses and limited activities for children."*

– Fall 2023, Small hospital

*[Nurse practitioner] "We try to offer other types of benefits such as more PTO and CME than other clinics, and our culture and mission is something unique that resonates with certain people."*

– Fall 2023, Rural health clinic

Another theme that emerged from these responses is that many of the education and training programs for healthcare workers are not located in rural areas. This may lead to potential workers moving away from rural areas to pursue education and then deciding to permanently relocate. It also makes it harder to train workers with skills that are specific to rural areas. As a result, some employers are creating their own training programs or are participating in statewide programs that allow them to train potential employees on-site.

These findings gave the staff a baseline understanding of the current state of the rural health workforce, and staff developed additional questions to expand upon the findings when in conversation with rural employers. Staff worked with Council members to connect with rural healthcare and behavioral health employers throughout 2024. Conversations occurred with employers located in: Adams, Columbia, Garfield, Grant, Island, Jefferson, Klickitat, Mason, Okanogan, Pacific, Stevens, Whitman, and Yakima counties. The employers represented a wide range of site types, though perspective gaps remain for tribal health clinics, Indian Health Services, oral health services outside of community health centers/rural health clinics, and school-based healthcare/behavioral health services.

### Rural Employer Comments Regarding Training Their Own Staff Members

[Pharmacy technician] "Many training programs closed over the past few years... We established a Pharmacy Technician-In-Training program."  
– Fall 2023, Small hospital

[Multiple occupations] "[We are] always limited in number of well-trained Certified MAs in area. [We] participate in WA Assn apprenticeship program... [And we] experienced a lot of turnover with minimally trained DA's from other short local programs. Currently starting the WA Assn DA program to train our own... [Also] limited candidates for rural area [dentists]. We are currently working with RIDE [Regional Initiatives in Dental Education] for last 7 years but cannot fill enough positions."  
– Fall 2023, Community health center

**Employer Theme 1: Rural workforce needs remain severe.** Employers expressed that for many roles, particularly those in critical access hospitals and clinics, traveling workers are still the main supplement. While a few employers reported not needing quite as many traveling workers as in previous years, some rural facilities mentioned using 50-70% traveling nurses in their obstetrics and specialty areas. Traveling workers were also common in entry level roles including nursing assistants and medical assistants. It is incredibly challenging for employers to compete with the wages that workers can make as travelers, though some communities have had luck permanently hiring on traveling nurses who become interested in relocating to Washington after a travel assignment. Interestingly, traveling workers were not mentioned by outpatient behavioral health facilities, where employers indicated that positions go unfilled. This was also reflected in Sentinel Network findings. In Spring 2024, 76% of responding employers (n=50) reported they had not used contract/travel workers in the past year<sup>3</sup>.

**Employer Theme 2: Access to traditional postsecondary education varies between rural communities, but all employers reported challenges.** The employers with education and training programs located in their communities (e.g. community college

<sup>3</sup> Stubbs BA, Nguyen NH, Guenther GA, Skillman SM. (2024). "[Washington's Health Workforce Sentinel Network Findings Brief: Behavioral/Mental Health, Substance Use Disorder \(SUD\) Clinics and Related Facilities.](#)" University of Washington Center for Health Workforce Studies. Washington Health Workforce Sentinel Network.



nursing programs) still described unmet staffing needs and pathways that require their workers to repeat steps. For example, employers had staff who stopped at various points along the nursing pathway from NA, LPN, to RN and had to repeat coursework and training. Access to technologist profession programs, such as ECHO technicians, ultrasound technicians, respiratory therapists, and medical lab staff, is incredibly limited. These programs are also challenging to develop in-house due to not having many workers in the profession working at any one employer. If a facility does not have enough workers in a given profession, they cannot spare staff to train new employees in-house. Highly rural employers reported limited-to-no access to local health workforce postsecondary programs. These employers are strong proponents of alternative approaches such as apprenticeships and fully online educational programs.

**Employer Theme 3: Out of necessity, rural employers have taken on their own workforce development.** Many rural employers have developed a range of strategies to “grow their own” future workforce. These include no-cost and paid nursing assistant courses, medical assistant apprenticeships, pharmacy technician training, and partnering with the K-12 system in their community. However, the capacity to do this work varies greatly from place to place and profession to profession. Given the differences between rural communities in the state, there is no “one right way” to do this work; communities will find their own flexible ways to accomplish their goals if they have the right resources. However, a variety of issues outside the control of the employers can pose barriers, such as restrictions from liability insurers.

**Employer Theme 4: The leaders of rural facilities recognize that leadership and organizational culture affect their ability to recruit and retain their workforce.** Some facilities are working to create their own leadership pipelines to support internal advancement. This includes the development of resources and training opportunities for current and emerging leaders to help them grow. Employers also acknowledged that at times changing longstanding practices and bringing in new ideas can be hard when staff have been there many years and aren’t familiar with other models.

**Employer Theme 5: The basic needs of employees are a tremendous challenge to recruiting and retaining in Washington’s rural communities.** Access to child care remains an unmet need in many areas, and while some larger rural employers have found ways to offer this benefit, others cannot make it work financially. Rural employers also may not be aware of all the grants and resources that are available to help support child care resources. Financially, families often need young people to work and contribute to the household income, which can sharply limit the time available for those young workers to access educational opportunities that aren’t offered through an employer. Some rural areas lack transportation, broadband internet, housing, and employment for trailing partners in addition to having no child care available. In some of Washington’s most isolated rural areas, these challenges can feel insurmountable.

**Employer Theme 6: Employers report state and federal regulations, processes, and payment systems contribute to their challenges.** The delays experienced by applicants seeking credentials from DOH continue to pose a challenge for both workers and employers. There is also uncertainty around the laws and rules that have been changed in the behavioral health sector, and as of the July 26 listening session, employers desired more clarity about the changes. Many employers brought up their payer mixes, which are heavily dominated by clients insured by Medicare or Medicaid. Government insurers tend to reimburse less than commercial insurers, depending on the service, which compounds the inequities already experienced in rural communities.

### **Integrating student and worker perspectives**

As part of the development of an overarching strategy, the Council and staff also considered the perspectives of recent health professional graduates and students who live outside the I-5 corridor of western Washington. At the Council's June meeting in Yakima, a health professional panel discussed their educational experiences, and Council staff were also informed by discussions at two Latinx Health Workforce Summits held in Fall 2023 and Fall 2024 in Wenatchee and Moses Lake. The Council recognizes that Washington's rural communities have great demographic variability and that the experiences of one group of individuals cannot be generalized across the state. However, the points raised during these discussions were illustrative and informed the Council's overarching strategy development.

**Worker Theme 1: Experiencing a culture of mentorship in schools, their community, and with their employers supports worker success.** Health professionals at the June Council meeting all expressed mentorship was important to their experiences in education, their community, and with their employers. Panelists highlighted key experiences that guided them to college resources and careers. The support of mentors helped them as students to persist and overcome the obstacles that arose during their educational and career journeys. However, not all traditional mentoring relationships were supportive during challenging times. At times panelists described their peers as being better supports than faculty in their educational programs.

**Worker Theme 2: Students often need a range of assistance to succeed.** The health professionals who participated in the Yakima meeting panel were all first-generation college students who accessed a range of supports along their pathways to the workforce. Several accessed programs in high school that helped with demystifying the college application process. Once students reached college, a range of postsecondary student support programs, such as [TRIO](#), [CAMP](#), and [MESA](#), were lifelines that helped fill gaps in students' educational backgrounds via tutoring support and improving overall comfort on campus.

Receiving tangible support with basic needs was also key. Transportation was a persistent barrier. Even when available, buses were not reliable and led to attendance challenges and difficulty getting to clinical training experiences. Students pieced together formal and informal resources to make it all work. All the panelists worked part-to-full time while in school, and employers who offered flexible work schedules helped with finances. However, attending school and working full time was an incredible load to carry. Employer support for school time and assistance with clinical experiences was key for student-workers to be successful. Panelists also discussed how concerned they had been when they had to take out graduate student loans, which they said reflected cultural concerns about going into debt in their Hispanic/Latine community.

**Worker Theme 3: Having a sense that they belonged at their educational institutions and healthcare workplace was important for workers to persist.**

Panelists had to learn how to navigate educational and employer cultures that were different from those in their communities, and that took a lot of effort on their part. When mentors, faculty, and peers were in their healthcare programs, their shared backgrounds helped create a sense of belonging, but these experiences were not common. However, even when shared backgrounds didn't exist, colleagues at healthcare employers strongly encouraged panelists in entry level roles to learn more and develop in the profession, which fostered a sense of belonging.

Discussion among Council members and attendees about these employer and worker themes at the September and November meetings lead the Council to develop an overarching policy goal intended to support the development of specific strategies that enable rural students and workers to succeed in their home communities in 2025.

**The “Post-Traditional” Student Profile**

Dr. Veronica N. Velez presented as part of the Grant County Latinx Health Workforce Summit about how the typical student profile has changed. These changes are highly relevant when developing health workforce pathways accessible to rural students. The post-traditional student profile is a student who:

- May need academic preparation
- Enrolls at a community college
- Delays initial college enrollment while entering the workforce
- Lives off-campus with parents or with their own dependents
- Takes more than four years to complete a degree
- Is Hispanic/Latine and/or another student of color
- Works 30 hours or more a week
- Makes college choices based on cost of attendance, location, and accessibility

Velez, V. N. (2024, November 15). *Mapping educational (in)opportunity for Latinx: Exploring the educational ecosystem in Washington State*. [PowerPoint slides]. Woodring College of Education, Western Washington University. [Presentation.](#)

## Council Spotlight: Access to Community Resources and the Health Workforce

Reissued in 2024

**Recommendation 1:** The Council affirms that access to high-quality, reliable child care, affordable housing, and transportation are key community resources for the current and future healthcare workforce. Having access to these resources in their communities allows the state’s healthcare workers to accept and maintain employment. Additionally, child care, housing, and transportation are vital to future workforce efforts. Health professions students and educators are also highly impacted by when they cannot access these community resources. The Council recommends that the Governor and Legislature continue to take action to address the need for dramatically increased access to affordable child care, housing, and transportation services in Washington.

The Council also encourages healthcare employers to consider innovative approaches to help support their workers’ needs for these community resources.

### Recommendation 1: Address Access to Child Care, Housing, and Transportation

Healthcare employers face a measure of recruitment and retention challenges because of community factors outside their immediate control. The Council members and staff heard from employers through the Sentinel Network and at multiple listening sessions during 2024 that the availability and affordability of child care, housing, and transportation continue to affect their ability to hire and retain workers.

Even prior to the COVID-19 pandemic, Washington did not have an adequate supply of high-quality, affordable child care services. Unfortunately, the effects of the pandemic and recent inflation have made this issue more pressing. Currently, Child Care Aware, a child care focused nonprofit, reports that the number of family child care providers dropped 20% in five years, and **Washington ranks third in the nation for least affordable child care for an infant in a family child care program.**<sup>4</sup>

Many healthcare facilities offer services 24 hours a day, year-round. However, child care, with rare exceptions, is typically only available five days per week from 6 am to 6 pm. It is important to note that this issue is not unique to the healthcare industry. From law enforcement to construction, access to child care is an issue impacting all industries that provide services during non-traditional hours or 24 hours a day. The Machinists Institute has found child care access to be such a challenge to their workforce that in 2024 they

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<sup>4</sup> Child Care Aware of Washington. (2024). [Child Care Data & Statistics](#).

coauthored a solutions guide in conjunction with The Imagine Institute and Washington State Labor Council to help the workforce ecosystem understand the many options available for addressing child care barriers<sup>5</sup>.

Healthcare employers have recognized the inherent challenge of accessing child care. There are examples of Washington facilities who provide community child care services with reduced costs for employees. Other employers help by purchasing priority access to community child care providers for employees. This can be a key benefit for staff, as demonstrated by an internal analysis at a hospital in Georgia which found that employees who used the hospital's child care center had the lowest turnover rate among staff<sup>6</sup>. This impact on retention was a key discussion point at the June listening session with Yakima-area healthcare employers. The large hospital who participated in the session has a child care program for staff and finds it positively influences employee retention. However, small hospitals in rural communities have investigated child care and found it was not financially feasible in their situation.

In addition to lack of access to child care, the Council also seeks to emphasize how lack of affordable housing and transportation barriers are impacting Washington's ability to have a robust healthcare workforce. While the high cost of housing is a barrier in the state's urban centers, rural communities are heavily impacted by overall low access to housing. Though the 2024 Sentinel Network surveys did not have questions about housing, rural facilities responding to the survey organically noted that overall lack of housing drives both recruitment and retention challenges. This is recognized as a nationwide challenge for rural communities which impacts recruitment not only of lower paid staff, but also physicians, who are typically the highest paid healthcare workers in a community<sup>7</sup>.

Transportation and housing are tied together as barriers; anecdotally, behavioral health employers have reported to Council staff that as housing costs rise, their workers move farther away from their worksites in search of more affordable housing. These longer

### **Frontier employer comment regarding child care, housing, and transportation access from June 2024 listening session**

"Once we get people there our retention is amazing. But we lack child care, we lack transportation, we lack broadband internet, trailing spouses can't find jobs. Child care is the number 1 thing we hear from folks. What can we do to provide for the loved ones of the people who are providing our services?"

– Small hospital

<sup>5</sup> The Imagine Institute, Machinists Institute, Washington State Labor Council. (2024). [Growing Child Care Services: Solutions Guide](#).

<sup>6</sup> Gale, R. (2023, May 30). [More hospitals are offering child care. But they shouldn't have to](#). STAT.

<sup>7</sup> Lahr, M. et al. (2023, Oct). Policy Brief: Key Informant Perspectives on Rural Housing and Health. University of Minnesota Rural Health Research Center.

distances from worksites then increase the burden of workers' transportation costs. Long-term care employers reporting to the Sentinel Network described transportation as a particularly challenging barrier impacting the recruitment and retention of their workers. These comments were echoed in multiple listening sessions held across the state in 2024.

## Council Spotlight: Addressing Impacts of Educational Debt on the Health Workforce

### Issued in 2024

**Recommendation 2:** The Council recommends policymakers maintain current funding to support both behavioral health and other health professional loan repayment awards through the Washington Health Corps to address immediate retention challenges within a variety of healthcare settings.

### Updated and Reissued in 2024

**Recommendation 3:** As part of supporting the investments made in loan repayment programs in Washington, the Council affirms its commitment to evaluation of the Washington Health Corps programs' outcomes. The Council recommends policymakers make dedicated funds available to the Washington Student Achievement Council to complete the evaluation of the Washington Health Corps programs currently underway.

### Updated and Reissued in 2024

**Recommendation 4:** The Council recommends policymakers require eligible healthcare employers provide Public Service Loan Forgiveness (PSLF) educational materials and information about the Office of the Student Loan Advocate when hiring new employees, annually, and at the time of employee separation. The Office of the Student Loan Advocate should conduct outreach to eligible healthcare and behavioral health employers and assess if additional staff members are warranted to serve demand.

Complementary to its own PSLF recommendations, the Council affirms support for Recommendations 1 and 4a included in the "[Public Service Loan Forgiveness Statewide Initiative Plan – Report to the Legislature](#)" issued by the Office of Financial Management and WSAC.

Many Washington residents struggle under the burden of education costs and student loan debt. Stakeholders report that high education costs as well as educational debt weigh heavily on the workforce and impact provider practice decisions. These loan burdens are disproportionately shouldered by students from racial and ethnic groups underrepresented in healthcare professions<sup>8,9,10</sup>. The high cost of entering many health

<sup>8</sup> Salsberg, E. et al. (2020). [The Social Work Profession: Findings from Three Years of Surveys of New Social Workers](#). Fitzhugh Mullan Institute for Health Workforce Equity, The George Washington University.

<sup>9</sup> Holaday, L. et al. (2023). [Differences in Debt Among Postgraduate Medical Residents by Self-Designated Race and Ethnicity, 2014-19](#). *Health Affairs*, 42(1).

<sup>10</sup> Fouzia, S., Jimenez, D., and Glater, J. (2023). [Student Loans in California: A Narrative of Racial Inequality](#). Student Loan Law Initiative, University of California.

professions hinders the Council’s long-term goal of having a health workforce that represents the population it serves.

Washington has recently increased financial assistance for postsecondary educational costs for low- and middle-income residents pursuing undergraduate programs or registered apprenticeships. The Washington College Grant provides need-based financial assistance to income-eligible students with resident status. Some level of financial support is available for students with incomes up to 100 percent of the state’s median family income level. However, many of the highest-demand health professions require master’s or even doctoral degrees, which are not covered by the Washington College Grant. While average incomes for some health professions are high, other occupations, such as behavioral health positions requiring master’s degrees, receive low wages in comparison to the amount of loans students must borrow to attain their degrees.

A separate healthcare challenge is that some communities and essential facilities have struggled to recruit and retain the workforce needed to provide services. These struggles may arise for many reasons, including because some clinician roles are lower-paying than others, involve more challenging patients, or are in geographically isolated areas with fewer amenities.

Policymakers who wish to help increase access to care in some practice locations frequently tie these two challenges together by using financial incentives as a solution. Loan repayment programs are the most common tools used to help steer clinicians towards some practice situations over others, particularly incentivizing clinicians to both stay in or consider lower-paying, more challenging, or geographically isolated employment opportunities.

Increased funding for the state’s health professional loan repayment programs, as well as support for evaluation of program outcomes, has been a frequent subject of Health Workforce Council recommendations over the past decade.

2024 Loan Debt for Select Washington Health Corps Professions	
Profession	Average Loan Balance
DO Physician	\$418,000
Clinical Psychologist	\$270,000
Dentist	\$240,500
MD Physician	\$173,300
Pharmacist	\$134,500
Physician Assistant	\$132,000
Mental Health Counselor	\$102,700
Nurse Practitioner	\$102,400
Marriage and Family Therapist	\$99,500
Clinical Social Worker	\$98,400
Certified Nurse Midwife	\$86,800
Substance Use Disorder Professional	\$74,900
Dental Hygienist	\$56,400
Registered Nurse	\$50,700
Licensed Practical Nurse	\$22,800

Source: Washington Student Achievement Council



The Washington Student Achievement Council (WSAC) administers the umbrella Washington Health Corps (WHC) program, the state’s loan repayment program for healthcare and behavioral health workers, which has grown in recent years to include awards for nurse educators and forensic pathologists. In the 2024 application cycle, 482 healthcare and behavioral health professionals completed a WHC application, and 203 received awards.

Though loan repayment programs can make a dramatic difference in the lives of the program beneficiaries, many WHC applicants have debt that far exceeds the maximum award amount of \$75,000. It’s not uncommon for a clinician to complete a loan repayment contract and still have significant principal remaining on their loan balance. A wide range of healthcare and behavioral health stakeholders are highly invested in the WHC program. However, given the extraordinary growth in educational debt over the past 10 years, the Council’s recommendation is that loan repayment should not be the sole policy focus to address education costs and debt. Washington must tap into additional solutions to solve this complex problem.

Policymakers should create a comprehensive framework to address the high cost of education and its effect on the health workforce. A suite of tools is needed to accomplish a variety of health workforce goals. For example, conditional scholarships, loan repayment programs, and the federal Public Service Loan Forgiveness program can work in tandem to provide targeted relief to a broader cross section of the health workforce. The following recommendations offer a range of approaches to address these challenges.

**Recommendation 2: Maintain Funds for Washington Health Corps**

The Council made a recommendation in 2023 to increase funding for the WHC, and funding was increased for the State Health Program in the 2023-2025 biennium. However, applications for the program continue to outstrip available funds for awards. Council members and stakeholders stated that while the Council has little ability to influence the cost of education that is driving the workforce’s debt, it can advocate for the continuation of relief for those working in high need areas and professions.

However, the Council also recognizes that the 2025-2027 budget process will involve hard decisions about funding priorities across the government. Considering this challenge, the Council decided to recommend in this year’s report that

Recent General Fund – State Appropriations for Washington Health Corps*			
Program	19-21 Biennium	21-23 Biennium	23-25 Biennium
State Health Program	\$7.65M	\$7.65M	\$17.6M
Behavioral Health Program	\$2M	\$12.25M	\$12M
Nurse Educator Program	-	\$3M	\$6M

\*This does not include the Federal Health Program. For the FHP, \$2M federal dollars are matched with \$1.1M GFS. Due to grant requirements, this program has less flexibility than the state-only funded programs. Source: WSAC

policymakers maintain the current level of investment to address this ongoing challenge within the state’s health workforce alongside other policies targeting educational debt. While the program will not be able to provide support to all who apply, maintaining the current funding level will continue to provide educational debt relief to a significant number of healthcare and behavioral health professionals.

### **Recommendation 3: Evaluation of Loan Repayment Programs**

In 2022 and 2023 the Council recommended that Washington undertake an evaluation of the outcomes achieved by the public investments in the WHC programs. Despite specific funds not ultimately being appropriated for this purpose, WSAC identified resources available to them to support a one-year project that could include some examination of the WHC. The Council appreciates this strong beginning and that WSAC also shares the goal of better understanding both program operations and outcomes. The time-limited nature of the project, currently scheduled to end June 30, 2025, will not allow for evaluation of all elements of interest to the Council.

The legislative intent of the WHC program is to encourage more healthcare professionals to work in underserved areas by providing loan repayment and conditional scholarships in return for completing a service commitment. The state-funded program was fully defunded during the Great Recession (a small federally matched program continued), but since 2015 Washington has made significant and growing investments in loan repayment as a tool to incentivize the health workforce to work in certain areas/practice types. The WHC was significantly expanded in 2019 to increase participation by behavioral health professionals. Use of loan repayment as a workforce policy tool continues to expand to different parts of the health sector. Over the past three biennial budget cycles, Washington has invested \$71.35 million into WHC programs (when state matching dollars for the federal program are included).

An evaluation of the WHC program can help the state determine what is working, identify gaps, and potentially justify further financial investment. Assessment of the WHC can determine if the program is meeting its statutory goal of encouraging more healthcare professionals to work in underserved areas. The evaluation can also determine if there are structural issues causing inequitable program access or outcomes for different communities or areas of the state.

Enough time has elapsed since funding was restored in 2015 that healthcare professionals from several different application cycles have completed their 3–5-year service obligations. Consequently, it is currently possible to assess if professionals completed their service obligations, extended their service periods, changed employers during their service period, or have remained at the employers where they were originally funded, among many potential research questions of interest.

As part of supporting the investments made in loan repayment programs in Washington, the Council affirms its commitment to evaluation of the WHC programs' outcomes. The Council recommends policymakers make dedicated funds available to the Washington Student Achievement Council to complete the evaluation of the Washington Health Corps programs currently underway. The evaluation report should include policy recommendations for program improvements as supported by the findings.

#### **Recommendation 4: Support Access to Public Service Loan Forgiveness**

Washington also must expand strategies to address the prevalence and high levels of educational debt, as the national college affordability crisis cannot be fixed with state loan repayment programs alone. The Federal Department of Education has been working nationally to create more options for federal student loan borrowers that could benefit Washington's health workforce if more widely used.

The federal Public Service Loan Forgiveness (PSLF) program offers a categorical pathway to significant debt relief for employees of eligible healthcare and behavioral health employers. Eligible employers include both government agencies and 501(c)3 nonprofits providing health/behavioral health services. Clinicians working in private practice are not eligible for the program, so PSLF offers a tool to help incentivize recipients to remain working at eligible employers for a minimum of 10 years. While clinicians may work for several different organizations during the 10-year service period, and while there is no obligation to work within a specific setting, there is a net benefit in incentivizing providers to remain with qualified employers in the public and nonprofit sectors, which often serve the state's most diverse and low-income populations.

The benefits of PSLF are already being realized by residents. In Washington, between November 2020 and June 2024, there were 20,680 borrowers with processed PSLF discharges totaling \$1.41 billion dollars in federal student debt relief<sup>11</sup>. However, as of September 30, 2024, there were a total of 786,800 federal student loan borrowers in Washington, with a combined outstanding principal and interest balance of \$29.1 billion<sup>12</sup>. According to the Office of Financial Management, many people in Washington who qualify for PSLF are not currently participating in the program, which is why it's important to continue to raise awareness and provide technical assistance to eligible employers and workers.

Receiving loan forgiveness is a complicated process: not all healthcare employers and staff are aware that they qualify for the program, and workers need assistance

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<sup>11</sup> Washington State Office of Financial Management and Washington Student Achievement Council. (2024). [Public Service Loan Forgiveness Statewide Initiative Plan – Report to the Legislature](#).

<sup>12</sup> Federal Student Aid. US Department of Education. (2024). [Federal Student Loan Portfolio](#).

navigating the necessary application steps. The Office of Financial Management and the Office of the Student Loan Advocate are working to increase understanding and participation in the program for public sector employees. Requiring eligible nonprofit and public employers to provide information about PSLF to employees and providing additional outreach specifically to the nonprofit workforce could help retain workers who might otherwise move into the private sector. Unlike loan repayment and scholarships, which typically benefit only licensed clinicians, PSLF is open to all employees of eligible employers.

During 2024, Council staff participated in the PSLF Statewide Initiative Committee convened by OFM and Office of the Student Loan Advocate to help develop a plan to support Washington student loan borrowers pursuing PSLF in accordance with RCW 43.41.425. The [plan for Washington's PSLF Statewide Initiative](#) builds on the success of the program since 2022 by performing ongoing outreach, enhancing resource materials, and expanding partnerships to help Washington public service borrowers achieve student loan forgiveness. The PSLF Statewide Initiative Committee identified several areas where additional statutory changes or additional resources for implementation can further improve PSLF access for employers and borrowers. These include recommendations that would expand resources and outreach to nonprofit employers and local and Tribal governments. The committee also noted federal policy recommendations to address federal PSLF program challenges.

As noted, two recommendations included in the OFM PSLF report align closely with the Council's prior recommendations regarding increasing usage of PSLF by healthcare and behavioral health workers as part of reducing the educational debt burden on the workforce. Complementary to its own recommendation, the Council affirms support for Recommendations 1 and 4a included in the "[Public Service Loan Forgiveness Statewide Initiative Plan – Report to the Legislature.](#)"

## Council Project Update: Behavioral Health Workforce

*In previous years the Workforce Board has completed Behavioral Health Workforce Assessments in conjunction with the Behavioral Health Workforce Advisory Committee (BHWAC). Funding for the BHWAC was not continued following the 2021-2023 biennium. As a result, behavioral health workforce activity has returned to being part of the Council's annual report rather than a separate report.*

### Exploring Impacts of Licensure Testing Disparities on Employees Working in Behavioral Health Settings

During 2024, Council staff assisted DOH in the implementation of SSHB 1724 (2023), regarding the behavioral health workforce. This bill contained many provisions with the common goal of reducing barriers to entry for the licensed behavioral health workforce. DOH made a preliminary set of recommendations to policymakers in November 2023 and followed up with a final report in November 2024. The Council was able to support this work during both years by leveraging the Sentinel Network tool to rapidly gather information directly from behavioral health facilities about their experiences.

During the 2023 DOH listening sessions, many stakeholders identified testing outcome disparities for the social worker licensure exam as a major concern. The Association of Social Work Boards first reported large differences in pass rates by race/ethnicity, gender, primary language, and age of the test taker in 2022<sup>13</sup>. Part of the SSHB 1724 work in 2024 focused on considering these testing disparities and developing recommendations for how Washington might address this challenge as part of its commitment to lowering barriers and supporting workforce diversity.

In Spring 2024, the Sentinel Network again fielded a subsector-specific module for behavioral health facilities to gain deeper understanding of this policy topic. Literature has consistently documented that many professions, including healthcare roles, have large pass rate disparities by race/ethnicity of the test takers<sup>14</sup>. Anticipating that the two other master's level behavioral health professions that also require an exam for licensure – mental health counseling and marriage and family therapy – would also have testing disparities, the Sentinel Network chose to ask behavioral health employers about their workers' testing experiences for all three master's-level professions.

Respondents were asked: "Has your organization had employees who are associate-level social workers, marriage and family therapists, or mental health counselors not pass

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<sup>13</sup> Association of Social Work Boards. (2022). [2022 ASW Exam Pass Rate Analysis: Final Report](#).

<sup>14</sup> Kim, J., Joo, M. (2024). [The Determinants of Licensing Exam Outcomes: The Compounding Effects of Individual, Institutional, and Community Factors](#). Prepared for Association of Social Work Boards. Rutgers University.

their licensure exam the first time they take it? If this has occurred, what is the impact on the worker and the organization?”

Of the responding employers, 19% indicated they had at least one associate-level employee who did not pass their licensure exam on their first attempt. Employers reported that they had employees in all three master’s level behavioral health professions who had this experience. Mostly commonly the employees who didn’t pass were mental health counselors or social workers, less commonly marriage or family therapists. This may reflect that mental health counseling is the profession with the greatest total number of licensees, followed by social work then marriage and family therapy<sup>15</sup>.

**Sentinel Network: Employer comments regarding impact to employees who are not successful at passing exams required for licensure**

“(The) individual remained at the organization in a different capacity.”

“We support them in restructuring their study skills and habits and encourage them to continue their path to test again. They stay in the same position as an associate though this journey.”

– Multiple behavioral health employers, Spring 2024

Facilities noted that this did not have an impact on the organization, and they provided additional resources to help employees pass their licensure exams. This finding from Washington employers could support a hypothesis that testing disparities impact master’s level professions beyond social work, though without the release of data by the counseling and marriage and family therapy testing bodies it is not possible to know to what extent.

Full comments, with the facility names redacted, were released to DOH. DOH conducted an extensive outreach effort over the summer and elected to move forward in suggesting an alternative pathway to licensure for the social work profession for consideration by policymakers. This was an additional example of Sentinel Network being able to rapidly return employer qualitative data to help inform a state health workforce effort.

<sup>15</sup> Washington State Department of Health. (2024). [Licensee Counts by Year: Professions](#).

## Council Project Update: Long-Term Care Workforce

*Adapted from the Washington Long-Term Care Workforce Initiative Legislative Report, 2024. For complete information and recommendations please review the full report.*

In 2024 the Long-Term Care Workforce Initiative shifted its focus from workforce challenges to examining potential solutions. The remedies for existing and future long-term care (LTC) workforce challenges are not simple. The solutions involve multiple approaches, often beyond the conventional, and there is no “one policy” that can solve workforce challenges in this industry.

For example, the Licensed Practical Nurse Registered Apprenticeship Program pilot (developed by the Workforce Board, the Washington State Board of Nursing, and the Department of Labor and Industries and sponsored by WHCA Apprentice, LLC) is a *part* of the solution to the workforce crisis, not “the solution.”

One way the LTC Workforce Initiative is designed to develop these multifaced approaches is through four subcommittees, each with a unique focus related to the LTC workforce. With representation from state agencies, employers, care workers, educators, and labor organizations, these subcommittees have met monthly over the past year and have agreed upon 12 recommendations outlined in the Initiative’s 2024 report. The recommendations range from improved educational opportunities to efforts that meet the specific needs of rural communities in the state.

In addition to developing these 12 recommendations, the Workforce Board and the LTC Workforce Initiative have had many accomplishments in 2024, including:

- Continued work on and support of the Licensed Practical Nurse Registered Apprenticeship Program pilot (authorized in SB 5092 in 2021), which launched its first cohort of apprentices in September 2024
- Partnering with the Washington Department of Veterans Affairs to develop a DVA-specific Licensed Practical Nurse Registered Apprenticeship Program
- Engaging over 150 contributors representing the LTC industry, healthcare, business communities, educators, advocates, direct caregivers, and state/federal agencies in the Initiative
- Holding the first Long-Term Care Workforce Summit (co-sponsored by the Workforce Board and DSHS) in July 2024
- Establishing a WA529 Guaranteed Education Tuition (GET) Fund that will support NACs pursuing nurse training through the Licensed Practical Nurse Registered Apprenticeship Program
- Beginning work on a marketing campaign (authorized by ESSB 5582 in 2023) to promote nursing careers in LTC, specifically in rural areas

## Healthcare Personnel Data

Since forming in 2002, the Council has brought attention to current and projected shortages in skilled workers needed to fill key healthcare occupations and has proposed strategies to fill these gaps. Although progress has been made to close certain workforce gaps, continued shortages in key occupations remain pervasive in the healthcare industry, particularly when it comes to recruiting and retaining healthcare professionals in Washington’s rural and underserved communities.

For this report, Workforce Board staff collected and analyzed the supply of individuals completing Washington healthcare education programs over the past five years. Research staff also reviewed employment data for key occupations to provide greater insight on the state’s current and projected health workforce needs.

## Healthcare Education/Training Program Completions

Education and training completion information in this report includes all Title IV public and private degree-granting schools in Washington as well as 300+ private career schools offering short-term training and certificates. Also included are individuals completing Home Health Aide training through SEIU 775 Benefits Group and apprentices who have completed a healthcare-related apprenticeship registered with the Washington State Apprenticeship and Training Council. The following table shows completions for over 80 healthcare education and training programs for a one-year period spanning July 1, 2022, to June 30, 2023 (labeled 2023 for ease of reading). The table includes the five-year average annual completion numbers for each training program for perspective. Schools select the program designation for their programs, so there can be inconsistencies between how schools with similar programs have chosen to self-identify.

[These data are also available on a publicly accessible Tableau dashboard](#), which includes completion trends. On the dashboard it is possible to filter down to an individually reporting postsecondary institution, career school, or apprenticeship.

**NOTE: Completion numbers do not necessarily translate to workers filling positions.** Some programs require additional training, clinical work, licensing/certification requirements, or residency after completion, so those completing programs may not always immediately enter the workforce. In addition, some practice areas are experiencing more severe workforce gaps due to increasing demand for services, new regulations, challenges with recruitment and retention, and other factors. Frequently cited examples of healthcare areas with profound workforce challenges include long-term care and behavioral health.



Health Education Program Type	Average Completions	Yearly Completions		Change 2022 - 2023	
	2019-2023	2022	2023	Absolute	Percentage
Acupuncture and Eastern Medicine	57	62	55	-7	-11%
Athletic Trainer	40	46	47	1	2%
Audiologist and Speech-Language Pathologist	45	50	39	-11	-22%
Clinical Child Psychology	25	25	30	5	20%
Clinical Laboratory Science/Medical Technology/Technologist	32	26	29	3	12%
Clinical Psychology	28	37	22	-15	-41%
Clinical/Medical Laboratory Assistant	29	20	15	-5	-25%
Clinical/Medical Laboratory Technician	27	23	24	1	4%
Clinical/Medical Social Work	73	135	121	-14	-10%
Communication Sciences and Disorders, General	108	115	80	-35	-30%
Community Health Services/Counseling	68	68	63	-5	-7%
Counseling Psychology	170	179	177	-2	-1%
Counselor Education/School Counseling Services	98	78	101	23	29%
Dental Assistant	1104	1089	881	-208	-19%
Dental Hygienist	238	210	246	36	17%
Dentistry	67	69	63	-6	-9%
Diagnostic Medical Sonography/Sonographer and Ultrasound Technician	84	90	90	0	0%
Dietitian	150	65	277	212	326%
Electrocardiograph Technology/Technician	37	23	18	-5	-22%
Emergency Care Attendant (EMT Ambulance)	595	597	618	21	4%
Emergency Medical Technology/Technician (EMT Paramedic)	355	389	370	-19	-5%
Environmental Health	51	49	58	9	18%
Health and Wellness, General	31	35	44	9	26%
Health Information/Medical Records Administrator	73	74	84	10	14%
Health Information/Medical Records Technician	120	103	91	-12	-12%
Health Services Administration	44	43	34	-9	-21%

Health Education Program Type	Average Completions	Yearly Completions		Change 2022 - 2023	
	2019-2023	2022	2023	Absolute	Percentage
Health Services/Allied Health/Health Sciences, General	249	196	194	-2	-1%
Health Unit Coordinator/Ward Clerk	28	29	32	3	10%
Health Care Management	123	114	114	0	0%
Health/Medical Preparatory Programs, Other	60	64	76	12	19%
Healthcare Innovation	30	50	60	10	20%
Hearing Instrument Specialist	22	22	19	-3	-14%
Home Health Aide *	4574	3618	5354	1736	48%
Hypnotherapist	179	155	92	-63	-41%
Industrial and Organizational Psychology	28	30	19	-11	-37%
International Public Health	42	40	30	-10	-25%
Licensed Practical Nurse Training	224	204	283	79	39%
Marriage and Family Therapy	137	169	160	-9	-5%
Massage Therapy	506	516	438	-78	-15%
Medical Administrative/Executive Assistant	143	124	83	-41	-33%
Medical Insurance Coding Specialist	236	227	267	40	18%
Medical Insurance Specialist	75	76	64	-12	-16%
Medical Office Assistant	228	243	44	-199	-82%
Medical Office Management	47	61	22	-39	-64%
Medical Radiologic Technology/Radiation Therapist	92	84	92	8	10%
Medical Reception	61	74	71	-3	-4%
Medical/Clinical Assistant	2266	2117	2078	-39	-2%
Medical/Health Management and Clinical Assistant/Specialist	27	33	8	-25	-76%
Medicine	300	310	335	25	8%
Mental and Social Health Services and Allied Professions, Other	79	86	60	-26	-30%
Mental Health Counselor	88	104	101	-3	-3%
Naturopathic Medicine	162	168	186	18	11%
Nursing Assistant	4822	4242	4717	475	11%
Occupational Therapist Assistant	92	97	69	-28	-29%
Occupational Therapist	93	98	92	-6	-6%
Osteopathic Medicine	134	137	126	-11	-8%
Pharmaceutics and Drug Design	22	33	26	-7	-21%
Pharmacist	245	253	215	-38	-15%
Pharmacy Assistant	202	174	159	-15	-9%

Health Education Program Type	Average Completions	Yearly Completions		Change 2022 - 2023	
	2019-2023	2022	2023	Absolute	Percentage
Phlebotomy Technician	865	1007	902	-105	-10%
Physical Therapy Assistant	151	153	95	-58	-38%
Physical Therapist	126	120	121	1	1%
Physician Assistant	142	124	143	19	15%
Pre-Medicine Studies	24	19	n/a	-19	n/a
Pre-Physical Therapy Studies	25	15	19	4	27%
Psychology, General	64	76	56	-20	-26%
Public Health Education and Promotion	25	26	12	-14	-54%
Public Health, General	418	426	538	112	26%
Public Health, Other	60	142	127	-15	-11%
Radiologic Technology/Science - Radiographer	162	196	129	-67	-34%
Nursing Administration, Nursing Research and Clinical Nursing, Other	242	241	233	-8	-3%
Registered Nurse	3397	3399	3620	221	7%
Respiratory Care Therapist	54	46	30	-16	-35%
Respiratory Therapy Technician	44	54	63	9	17%
School Psychology	69	82	79	-3	-4%
Social Work	395	399	337	-62	-16%
Social Work, Other	39	27	39	12	44%
Speech-Language Pathology	112	116	116	0	0%
Sterile Processing Technician	35	30	26	-4	-13%
Substance Use/Addiction Counseling	274	256	236	-20	-8%
Surgical Technologist	125	114	99	-15	-13%
Yoga Teacher Training	140	67	81	14	21%
Remaining Health Education Program Types**	434	373	385	12	3%
<b>Total</b>	<b>23275</b>	<b>21676</b>	<b>23381</b>	<b>1705</b>	<b>8%</b>

Data Source: The Integrated Postsecondary Education Data System (IPEDS) 2023; Workforce Board Data Reporting System 2023 for private career school completions, Apprenticeship Registration and Tracking System (ARTS) 2023.

\* SEIU 775 Benefits Group contributed to data on home health aides.

\*\* Includes multiple instructional programs with cohorts too small to report results. Full details are available upon request.

## Health Profession Licensing

The Department of Health provides counts of active credentials as of July 1 each year. This information is available for many professions going back to 2008 and can be [accessed online](#). The table below features active credential counts for a selection of professions spanning 2019 to 2024.

Active License Counts by Year: Professions	2019	2020	2021	2022	2023	2024
<b>Acupuncturist</b>	1,606	1,514	1,560	1,625	1,571	1,648
<b>Advanced Emergency Medical Technician</b>	364	348	350	336	344	346
<b>Advanced Registered Nurse Practitioner</b>	9,169	10,044	11,311	12,659	14,011	15,774
<b>Animal Massage Practitioner</b>	108	106	112	124	138	161
<b>Applied Behavior Analyst</b>	733	829	988	1,153	1,218	1,276
<b>Applied Behavior Analyst Assistant</b>	85	127	154	180	206	249
<b>Athletic Trainer</b>	789	788	818	846	851	865
<b>Audiologist</b>	465	471	497	541	528	561
<b>Cardiovascular Invasive Specialist</b>	338	341	345	350	375	395
<b>Certified Behavior Technician</b>	2,435	2,748	3,491	3,766	3,802	3,809
<b>Chiropractic X-Ray Technician</b>	206	197	198	218	249	232
<b>Chiropractor</b>	2,605	2,513	2,598	2,682	2,545	2,651
<b>Counselor, Agency Affiliated</b>	9,092	8,669	9,279	9,156	10,680	11,172
<b>Counselor, Certified</b>	471	402	391	382	353	284
<b>Dental Anesthesia Assistant</b>	215	225	240	249	263	285
<b>Dental Assistant</b>	15,677	15,335	16,522	16,944	17,227	17,476
<b>Dental Hygienist</b>	6,526	6,336	6,666	6,748	6,753	6,865
<b>Dentist</b>	6,738	6,590	6,870	7,136	7,059	7,320
<b>Denturist</b>	156	138	144	151	150	158
<b>Dietitian/Nutritionist</b>	2,329	2,363	2,457	2,638	2,832	3,050
<b>Dispensing Optician</b>	1,006	987	982	1,014	944	979
<b>Dispensing Optician Apprentice</b>	1,051	997	1,001	1,013	1,009	992
<b>Emergency Medical Responder</b>	342	308	348	290	248	232
<b>Emergency Medical Technician</b>	13,304	13,580	14,075	13,264	13,441	13,951
<b>Expanded Function Dental Auxiliary</b>	286	303	359	372	389	423

<b>Active License Counts by Year: Professions</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>Genetic Counselor</b>	298	361	400	516	555	583
<b>Hearing Aid Specialist</b>	328	332	332	353	330	354
<b>Home Care Aide</b>	26,620	26,270	26,653	24,625	24,548	31,501
<b>Hypnotherapist</b>	744	676	697	727	718	698
<b>Licensed Practical Nurse</b>	11,558	11,115	11,189	11,486	11,464	10,783
<b>Marriage and Family Therapist</b>	1,824	1,845	2,033	2,215	2,355	2,547
<b>Marriage and Family Therapist Associate</b>	609	557	612	684	725	809
<b>Massage Therapist</b>	13,824	12,329	12,438	12,369	11,733	11,845
<b>Medical Assistant Certified</b> (this includes MA-Phlebotomists and MA-Hemodialysis Technicians also)	30,083	28,824	31,617	32,856	33,883	34,166
<b>Medical Assistant Registered</b>	8,605	8,276	8,869	9,535	9,145	8,180
<b>Mental Health Counselor</b>	7,646	7,850	8,501	9,324	10,106	10,938
<b>Mental Health Counselor Associate</b>	2,014	2,053	2,305	2,483	2,693	3,092
<b>Midwife</b>	182	195	199	219	219	218
<b>Naturopathic Physician</b>	1,474	1,434	1,571	1,611	1,620	1,641
<b>Nursing Assistant</b>	75,231	71,980	73,392	72,677	74,526	84,571
<b>Nursing Home Administrator</b>	450	414	403	424	401	421
<b>Nursing Pool Operator</b>	284	289	307	404	496	548
<b>Nursing Technician</b>	558	563	690	977	1,342	1,205
<b>Occupational Therapist</b>	3,909	3,919	4,022	4,338	4,362	4,563
<b>Occupational Therapy Assistant</b>	1,189	1,175	1,194	1,213	1,210	1,208
<b>Optometrist</b>	1,676	1,682	1,678	1,822	1,772	1,843
<b>Orthotics Prosthetics</b>	350	344	355	367	360	372
<b>Osteopathic Physician</b>	2,672	2,848	3,130	3,573	3,901	4,292
<b>Paramedic</b>	2,760	2,890	3,095	2,930	3,018	3,127
<b>Pharmacist</b>	10,716	10,673	11,046	11,065	11,274	11,402
<b>Pharmacist Intern</b>	1,777	1,749	1,588	1,471	1,345	1,258
<b>Pharmacy Assistant</b>	7,422	7,348	8,049	8,382	10,009	10,435
<b>Pharmacy Technician</b>	8,748	8,488	8,631	8,676	9,285	9,482
<b>Physical Therapist</b>	7,507	7,361	7,562	7,863	7,840	8,135
<b>Physical Therapist Assistant</b>	2,455	2,377	2,483	2,480	2,424	2,465

<b>Active License Counts by Year: Professions</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>Physician</b>	30,450	31,127	31,226	31,852	32,392	32,998
<b>Physician Assistant</b>	4,091	4,364	4,654	5,039	5,255	5,566
<b>Podiatric Physician</b>	377	365	380	406	393	422
<b>Psychologist</b>	3,254	3,497	3,995	3,842	3,824	3,919
<b>Radiological Technologist</b>	6,685	6,769	6,967	7,269	7,388	7,777
<b>Recreational Therapist</b>	168	150	162	146	139	137
<b>Reflexologist</b>	260	249	245	242	245	238
<b>Registered Nurse</b>	106,569	108,940	115,007	130,459	131,261	112,823
<b>Respiratory Care Practitioner</b>	3,028	3,139	3,186	3,514	3,661	3,703
<b>Sex Offender Treatment Provider</b>	97	93	97	105	101	98
<b>Social Worker Advanced</b>	154	147	155	154	151	139
<b>Social Worker Associate Advanced</b>	247	280	328	381	391	452
<b>Social Worker Associate Independent Clinical</b>	1,952	2,111	2,365	2,638	2,888	3,111
<b>Social Worker Independent Clinical</b>	4,712	4,855	5,373	6,006	6,670	7,634
<b>Speech Language Pathologist</b>	3,249	3,338	3,536	3,809	3,970	4,099
<b>Speech Language Pathology Assistant</b>	242	241	254	274	291	314
<b>Substance Use Disorder Professional</b>	3,026	2,890	3,045	3,107	3,102	3,120
<b>Substance Use Disorder Professional Trainee</b>	1,804	1,627	1,588	1,503	1,432	1,398
<b>Surgical Technologist</b>	3,141	3,169	3,388	3,571	3,715	3,933
<b>X-Ray Technician</b>	1,563	1,436	1,417	1,537	1,616	1,700

Source: DOH 2024

## Healthcare Employment Data

On behalf of the Council, the Workforce Board analyzes employment data and projected openings for select healthcare occupations. The data include analyses of approximately 100 healthcare occupations, including the reported average educational program requirement (*as reported by the U.S. Bureau of Labor Statistics*), current employment numbers for that occupation, the projected annual openings due to growth for that occupation, and finally, given career changes and retirements, a projection of actual annual openings expected for occupations.

Health workforce data are complex and come from many sources. Often, key data are spread across multiple agencies and organizations. Individual data elements may be held by a number of sources, such as state agencies and professional associations, or may be contained within licensing surveys. What might seem like a simple question about a specific occupation in a geographic area could involve any number of agencies and organizations tallying their data and calculating their findings slightly differently. Arriving at a firm answer to these types of labor market questions can be challenging.

State-level data on health occupations are generally available and accessible. Even so, these data often do not tell the whole story. Health workforce data without an analysis of additional contributing factors do not always provide the level of detail necessary to make sound decisions on where to invest in training programs and other areas of the health workforce pipeline. Washington's Health Workforce Sentinel Network gathers ground-level feedback from Washington's healthcare providers on a regular basis, helping to provide a much-needed real-time perspective—particularly for regional data on emerging changes in healthcare personnel needs. See page 20 for more information.

Not included in these data is information on individuals no longer practicing but still retaining their license, or providers who serve Washington residents, practice through an endorsement of their license, but reside in another state. Most significant is the challenge and expense of obtaining regionally specific data. There may be a distribution issue in some communities, where the number of educated healthcare professionals is higher than the number of available job openings, while other areas of the state struggle to fill open positions.

The analysis in the table below, performed by research staff at the Workforce Board using data from the state's Employment Security Department (ESD), centers on what are known as projected "growth openings," or available jobs within an occupation that are vacant due to either organizational expansion or openings from someone leaving the occupation (to another occupation or exiting the workforce). The adjacent column shows all projected job openings combined for each profession.

Occupation	Typical Education Requirements	2023 Employment (Q2)	Projected Annual Growth Openings 2027-2032	Projected Annual Job Openings 2027-2032
<b>Ambulance Drivers and Attendants, Except EMTs</b>	High school diploma or equivalent	55	1	10
<b>Anesthesiologists</b>	Doctoral or professional degree	1025	8	44
<b>Athletic Trainers</b>	Bachelor's degree	654	18	82
<b>Audiologists</b>	Doctoral or professional degree	412	5	32
<b>Cardiovascular Technologists and Technicians</b>	Associate's degree	1160	15	106
<b>Child, Family, and School Social Workers</b>	Bachelor's degree	9183	79	897
<b>Chiropractors</b>	Doctoral or professional degree	1441	45	155
<b>Clinical Laboratory Technologists and Technicians</b>	Bachelor's degree or associate degree	6978	86	650
<b>Community Health Workers</b>	High school diploma or equivalent	3602	55	504
<b>Community and Social Service Specialists, All Other</b>	Bachelor's degree	2970	48	425
<b>Counselors, All Other</b>	Master's degree	25687	434	3373
<b>Dental Assistants</b>	Postsecondary nondegree award	11121	100	1852
<b>Dental Hygienists</b>	Associate's degree	7950	73	706
<b>Dental Laboratory Technicians</b>	High school diploma or equivalent	812	4	107
<b>Dentists, All Other Specialists</b>	Doctoral or professional degree	86	0	3
<b>Dentists, General</b>	Doctoral or professional degree	4133	42	209
<b>Diagnostic Medical Sonographers</b>	Associate's degree	1876	28	161
<b>Dietetic Technicians</b>	Associate's degree	227	3	32
<b>Dietitians and Nutritionists</b>	Bachelor's degree	1842	28	184
<b>Educational, Guidance, School, and Vocational Counselors</b>	Master's degree	6632	74	661
<b>Emergency Medical Technicians and Paramedics</b>	Postsecondary nondegree award	4297	59	386
<b>Epidemiologists</b>	Master's degree	608	16	69
<b>Exercise Physiologists</b>	Bachelor's degree	205	3	19



<b>Family Medicine Physicians</b>	Doctoral or professional degree	1336	12	61
<b>General Internal Medicine Physicians</b>	Doctoral or professional degree	657	4	27
<b>Genetic Counselors</b>	Master's degree	96	1	9
<b>Health Educators</b>	Bachelor's degree	1777	16	219
<b>Healthcare Diagnosing or Treating Practitioners, All Other</b>	Postsecondary, varies	1772	32	179
<b>Healthcare Practitioners and Technical Workers, All Other</b>	Postsecondary, varies	10297	135	940
<b>Healthcare Social Workers</b>	Master's degree	4799	52	540
<b>Healthcare Support Workers, All Other</b>	High school diploma or equivalent	3594	41	599
<b>Hearing Aid Specialists</b>	High school diploma or equivalent	159	2	15
<b>Home Health and Personal Care Aides</b>	High school diploma or equivalent	66596	960	12667
<b>Licensed Practical Nurses</b>	Postsecondary nondegree award	8171	54	758
<b>MRI Technologists</b>	Associate's degree	882	10	70
<b>Marriage and Family Therapists</b>	Master's degree	575	4	49
<b>Massage Therapists</b>	Postsecondary nondegree award	8899	310	2097
<b>Medical Appliance Technicians</b>	High school diploma or equivalent	447	5	67
<b>Medical Assistants</b>	Postsecondary nondegree award	17181	301	3055
<b>Medical Equipment Preparers</b>	High school diploma or equivalent	1920	24	327
<b>Medical Scientists, Except Epidemiologists</b>	Doctoral or professional degree	7009	117	648
<b>Medical Secretaries</b>	High school diploma or equivalent	9325	115	1284
<b>Medical Transcriptionists</b>	Postsecondary nondegree award	1281	-2	212
<b>Mental Health and Substance Abuse Social Workers</b>	Master's degree	2966	35	291
<b>Nuclear Medicine Technologists</b>	Associate's degree	307	3	20
<b>Nurse Anesthetists</b>	Master's degree	778	9	51
<b>Nurse Midwives</b>	Master's degree	131	1	9
<b>Nurse Practitioners</b>	Master's degree	4261	196	637
<b>Nursing Assistants</b>	Postsecondary nondegree award	35945	409	6320

<b>Obstetricians and Gynecologists</b>	Doctoral or professional degree	414	4	20
<b>Occupational Therapists</b>	Master's degree	2971	56	295
<b>Occupational Therapy Aides</b>	High school diploma or equivalent	113	2	21
<b>Occupational Therapy Assistants</b>	Associate's degree	850	21	178
<b>Ophthalmic Laboratory Technicians</b>	High school diploma or equivalent	989	11	146
<b>Ophthalmic Medical Technicians</b>	Postsecondary nondegree award	1279	22	198
<b>Opticians, Dispensing</b>	High school diploma or equivalent	1886	43	268
<b>Optometrists</b>	Doctoral or professional degree	1376	44	138
<b>Oral and Maxillofacial Surgeons</b>	Doctoral or professional degree	279	2	13
<b>Orderlies</b>	High school diploma or equivalent	494	7	93
<b>Orthodontists</b>	Doctoral or professional degree	89	1	4
<b>Orthotists and Prosthetists</b>	Master's degree	174	3	19
<b>Pediatricians, General</b>	Doctoral or professional degree	805	8	39
<b>Pharmacists</b>	Doctoral or professional degree	7374	77	447
<b>Pharmacy Aides</b>	High school diploma or equivalent	1831	14	373
<b>Pharmacy Technicians</b>	High school diploma or equivalent	8449	77	961
<b>Phlebotomists</b>	Postsecondary nondegree award	2664	44	463
<b>Physical Therapist Aides</b>	High school diploma or equivalent	745	13	141
<b>Physical Therapist Assistants</b>	Associate's degree	1823	50	396
<b>Physical Therapists</b>	Doctoral or professional degree	7279	184	698
<b>Physician Assistants</b>	Master's degree	3199	78	341
<b>Physicians, All Other</b>	Doctoral or professional degree	9781	108	489
<b>Podiatric Physicians</b>	Doctoral or professional degree	219	2	11
<b>Prosthodontists</b>	Doctoral or professional degree	10	0	0
<b>Psychiatric Aides</b>	High school diploma or equivalent	429	4	76

<b>Psychiatric Technicians</b>	Postsecondary nondegree award	1126	12	121
<b>Psychiatrists</b>	Doctoral or professional degree	484	5	24
<b>Psychologists, All Other</b>	Master's degree	17402	186	1483
<b>Radiation Therapists</b>	Associate's degree	306	4	21
<b>Radiologic Technologists</b>	Associate's degree	3976	41	303
<b>Recreational Therapists</b>	Bachelor's degree	1485	19	154
<b>Registered Nurses</b>	Bachelor's degree	62510	715	5054
<b>Rehabilitation Counselors</b>	Master's degree	4587	18	399
<b>Respiratory Therapists</b>	Associate's degree	2186	29	175
<b>Social Workers, All Other</b>	Bachelor's degree	1434	10	142
<b>Social and Human Service Assistants</b>	High school diploma or equivalent	10667	122	1410
<b>Speech-Language Pathologists</b>	Master's degree	3543	53	315
<b>Surgeons, All Other</b>	Doctoral or professional degree	1193	5	38
<b>Surgical Technologists</b>	Postsecondary nondegree award	2299	30	208
<b>Therapists, All Other</b>	Bachelor's degree	300	5	30

Sources: Washington's Employment Security Department, U.S. Bureau of Labor Statistics. Data for projected annual net increase and projected annual openings is for the time period spanning 2027-2032.

### **Data Details, Limitations, and Potential Discrepancies**

Accurately responding to predicted future changes in demand for healthcare workers is challenging. Many factors must be considered, including monitoring changes in the healthcare system for labor market effects not predicted in the official projection. In general, this methodology tends to be conservative in predicting changes to recent trends.

Demand estimates are from occupational projections for Washington developed by the ESD under a contract from the U.S. Department of Labor. This national methodology relies heavily on recent trends and national averages. Therefore, it may underestimate emerging overall changes or effects specific to Washington.